



ENROLLMENT/ADDRESS CHANGE

Date: _____

Group Name: _____

Group Number: _____

Location Name and Number: _____

Enrollment Changes:

Address change

Name (spelling) correction

Other (please explain)

Date of Birth correction

Social Security #	Last Name	First Name	MI	Effective Date of Change	Nature of Change

For Address change(s), use the Following:

Social Security #	Last Name	First Name	MI	New Address

Enrollment Additions: A completed Enrollment Form must be submitted for notification, for any of the following:

New Hire

Add Newborn

Rehire

Add Other Dependents

Add Spouse

Member Terminations: A completed Member Termination Form must be submitted for processing, for any of the following:

Loss of Dependent Status

Remove Spouse (indicate why)

Deceased

Remove Children (indicate why)

Terminate Cobra

Terminated, Offer Cobra