



ENROLLMENT/ADDRESS CHANGE WORKSHEET

Submit completed form to: FAX: 952-853-2265 or EMAIL: sfcservices@ihcgroup.com
For Questions, please call: 888-499-3501

Date: _____
Group Name: _____
Group Number: _____
Location Name and Number: _____

Enrollment Changes:

Address change

Name (spelling) correction

Add Newborn (*if enrolling more than 60 days from date of birth, completed Enrollment Form required*)

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

Rehire

Add Spouse

Add Other Dependents

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