DTL, INC. INSURANCE ADMINISTRATORS
215-674-9400 800-734-9400 Fax 215-674-0400

Fax OR Mail this form with a completed enrollment form to:
2 Red Barn Mall, 120 S York Rd
Hatboro, PA 19040-3392

Please do not do both!

MEMBERSHIP CHANGE REPORT

Employee Additions, Changes and/or Removals

Group Name _____

Group Address _____

City _____ State _____ Zip _____

Phone Number _____

Please check all that apply & fill in corresponding group #			
Keystone _____	Group # _____		
PC / BC _____	Group # _____		
UCCI _____	Group # _____		
Other _____	Group # _____		

Employee Name	Action Code*	Social Security Number	Effective Date	Removal Code**	Remarks/Explanation

_____
Date

_____
Authorized Signature

_____
Title

*Action Codes
A = Add Employee
C = Change Employee
R = Remove Employee
(*please fill in Removal Code*)

** Removal Codes
1 = Chg to Keystone HMO / POS
2 = Chg to PC / BC
3 = Remove; covered by spouse
4 = Remove; no longer employed
5 = Deceased

Do not send with your premium payment, as payments go directly to the bank lockbox.