



MEMBERSHIP CHANGE REPORT

Employee Additions, Changes and/or Removals

Customer ID # \_\_\_\_\_

Group Name \_\_\_\_\_
Group Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please check all that apply & fill in corresponding group #
HMO/POS \_\_\_\_\_ Group # \_\_\_\_\_
PC / BC \_\_\_\_\_ Group # \_\_\_\_\_
UCCI \_\_\_\_\_ Group # \_\_\_\_\_
Other \_\_\_\_\_ Group # \_\_\_\_\_

Table with 6 columns: Employee Name, Action Code\*, Social Security or ID Number, Effective Date, Removal Code\*\*, Remarks/Explanation

Date \_\_\_\_\_
Authorized Signature \_\_\_\_\_
Title \_\_\_\_\_

\*Action Codes
A = Add Employee
C = Change coverage or dependents(s)
R = Remove Employee - please enter the applicable Removal Code

\*\* Removal Codes
1 = Remove; employee quit
2 = Remove; employee laid off
3 = Remove; covered by spouse
4 = Remove; change to Medicare plan
5 = Deceased

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

Questions? Call us at 215-674-9400 or 800-734-9400