



ELIGIBILITY ADJUSTMENTS

Group Name _____ Group Number _____

Invoice Number _____ Date _____

Name of Employee	Date of Birth	Date Employed Full Time	Contract Types <small>(see benefit/rates for codes)</small>				Member Count	Pkg No.	Total Premium	Comments
			MD	DN	VS	RX				
Additions: (New Subscribers)										
TOTAL									Please transfer total for ADDITIONS to Summary Page	
Cancellations:										
TOTAL									Please transfer total for CANCELLATIONS to Summary Page	
Changes to Existing Enrollment:										
TOTAL									Please transfer total for CHANGES to Summary Page	

If you have questions, please call the telephone number on your invoice.
Please return with the summary page and payment.