



New Enrollees: Please include enrollment forms

Name: _____ Effective Date: _____

Reason: New Hire Late Enrollee Cobra Loss of Other Coverage Other

Notes: _____

Name: _____ Effective Date: _____

Reason: New Hire Late Enrollee Cobra Loss of Other Coverage Other

Notes: _____

Changes In Coverage: Please include any enrollment forms if applicable

Name: _____ Effective Date: _____ Notes: _____	Reason:		Medicare Eligible (Age 65)
	Marriage	<input type="checkbox"/>	Active EE
	Birth/Adoption	<input type="checkbox"/>	Provide status change form if keeping ER Plan Benefits <input type="checkbox"/>
	Death	<input type="checkbox"/>	Term All Benefits <input type="checkbox"/>
	Change in Student Status	<input type="checkbox"/>	Note any contractual agreements that affect benefit termination dates
	Other	<input type="checkbox"/>	Early Retirees (Under 65)

Changes In Coverage: Please include any enrollment forms if applicable

Name: _____ Effective Date: _____ Notes: _____	Reason:		Age 65—Term Benefits <input type="checkbox"/>
	Marriage	<input type="checkbox"/>	1st day of birth month <input type="checkbox"/>
	Birth/Adoption	<input type="checkbox"/>	Other: _____ <input type="checkbox"/>
	Death	<input type="checkbox"/>	Early Retiree Retaining Eligible ER Plan Benefits <input type="checkbox"/>
	Change in Student Status	<input type="checkbox"/>	Retirement Date: _____
	Other	<input type="checkbox"/>	Note any contractual agreements that affect benefit termination dates

Termination of Coverage: Please include any required documentation

Name: _____ Effective Date: _____ Teacher Contract Ends: _____ Notes: _____	Reason:		
	Employment Terminated	<input type="checkbox"/>	Loss of Full Time Student Status <input type="checkbox"/>
	Divorce (Include copy of Decree)	<input type="checkbox"/>	Vol Drop/ Status Change <input type="checkbox"/>
	Part Time Status	<input type="checkbox"/>	Death <input type="checkbox"/>

Termination of Coverage: Please include any required documentation

Name: _____ Effective Date: _____ Teacher Contract Ends: _____ Notes: _____	Reason:		
	Employment Terminated	<input type="checkbox"/>	Loss of Full Time Student Status <input type="checkbox"/>
	Divorce (Include copy of Decree)	<input type="checkbox"/>	Vol Drop/ Status Change <input type="checkbox"/>
	Part Time	<input type="checkbox"/>	Death <input type="checkbox"/>

Please return this form along with any enrollment documents to:	Internal Use Only
	Enrollment: _____ Cobra: _____
	Billing: _____ 125 Dept: _____