



Please fill in corresponding sections

Group Name: _____

Completed By: _____ Phone #: _____ Date: _____

Eligibility Changes – for new enrollments or changes to existing employees. **Please include the enrollment form with this sheet**

Employee Name	D.O.B.	Eligibility Code	Effective Date	Description of Change - Comments

ELIGIBILITY CODES: 1 - New Enrollment 2 - Plan Change 3 - Add Dependents 4 - Name Change 5 - Employee Address Change 6 - Other

Terminations

Employee Name	Termination Date	Termination Code	COBRA Election (Y/N)	If Yes, Effective Date	COBRA Paid Through Date	Description of Change - Comments

TERMINATION CODES: 1 - Termination of Employment (please indicate if COBRA elected) 2 - Termination of Dependent (please include dependent first, last name and DOB)

Please E-mail this form to: enrollments@differencecard.com