



GROUP ADJUSTMENT FORM PROCEDURE

Complete and attach the Group Adjustment Form to your monthly payment. This form is a tool used by the enrollment department to speed up the process of your monthly payment.

To complete this form, list ALL changes made on your monthly billing to include:

- 1) Addition of a New Member/Subscriber
- 2) Termination of an Existing Member/Subscriber
- 3) Additional Payment for Increase Coverage such as Add Dependent or Add Dental
- 4) Decrease in Coverage such as Delete Dependent or Delete Dental
- 5) Change Coverage from Active Employee to COBRA
- 6) Credits for Overpayment from Prior Months (Please indicate month for which an overpayment was made, member name and credit amount.)

This adjustment form does not replace the Application for Enrollment of new member or Change of Status form for existing members. Please ensure the proper documents are submitted prior to making the adjustment on your invoice.

We appreciate your attention. Should you have any questions or concerns, feel free to contact the Enrollment Department at 477-5091 extension 407.

IMPORTANT: Monthly payments are due every 15th of each month prior to the month of coverage.

Live Well. Stay Well.



GROUP ADJUSTMENT FORM

Group Number		Group Name				
		Billed Amount				
	Employee Name	Member No.	Eff. Date	Reason Code	Medical	Dental
1						Total Payment
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
TOTAL:						

Reason Code:

- 1 New Member/Subscriber
- 2 Termination of Existing Member/Subscriber
- 3 Increase Coverage [Add Dependent - Add Dental]
- 4 Decrease Coverage [Delete Dependent - Delete Dental]
- 5 Transfer to COBRA