

Group Adjustment

FORM



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

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

*As always, a StayWell Representative is available to assist you should you have any questions or concerns.
Contact us at 477-5091 extension 1150. Thank you for your enrollment.*