

EMPLOYEE STATUS CHANGE FORM
EMPLOYEES TO BE ADDED OR TERMINATED TO CURRENT ENROLLMENT

POLICYHOLDER: _____

POLICY NUMBER: _____

For the Period Beginning: _____

Employee's SSN #	Employee Name	Gender	Date of Hire/ Termination	Date of Birth	Job Description (incl. SIC code)	Class Code	Action Code*	Monthly Salary

***ACTION CODES**

- A = Addition
- T = Termination
- C = Change
- R = Reinstatement

Person To Be Contacted If Necessary: _____

Phone #: _____

Date: _____

Please return this form with your Premium Reporting Form