

Group ID:			Division ID:	\perp	
You may use this I	Interim (Change R	eport until your fi	st bill is	is received. Included with every bill is a personalized change report for your use.
Guardian requires	3-6 day	s to proce	ess changes from	the date	ate we receive your form. Please pay the Total Payment Due as shown on your Billing Statement.
Premium adjustme	ents for t	he chang	es you submit wil	l be on t	n the next Billing Statement after next processing is complete.
Use a photocopy of	of this fo	rm if you i	need additional s	oace.	
Address Change					

New Employees/Dependents or Added/Refused Coverages

Submit a completed Enrollment Form for each new employee, new dependent or existing employee adding a coverage. Complete the Refuse/Drop coverages section for employees or dependents who are waiving a coverage.

Employee Changes

Employee Name	ID	Effective Date	Reason Code	Notes	

Reason Codes for Employee Changes

- Terminate coverage due to terminated employment (indicate last day worked)
- 2. Terminate coverage due to death
- Terminate coverage due to end of COBRA or State Continuation
- 4. Begin COBRA or State Continuation (include completed COBRA/State Continuation form)
- Drop contributory coverage (include Enrollment Form with completed Refuse/Drop coverages section)
- Reinstate employee due to rehire (include completed Enrollment Form if rehired more than 31 days after termination date)
- 7. Change insurance amount due to salary change (note previous and new salaries)
- 8. Change job title, classification, department, or division (note new information)
- 9. Change employee name (note new name)
- 10. Change employee address (note new

Mail or fax this report along with any applicable forms to the Administrative Center indicated on Page 1 of your Group Administration Manual.

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Dependent Changes

Employee Name	ID	Effective Date	Dependent Name	Reason Code	Notes

Reason Codes For Dependent Changes

- 101. Terminate spouse's coverage due to divorce

- 102. Terminate spouse's coverage due to divorce
 102. Terminate child's coverage due to reaching age limit for eligibility
 103. Terminate dependent's coverage due to end of COBRA or State Continuation
 104. Begin COBRA or State Continuation (include completed COBRA/State Continuation form)
 105. Drop contributory coverage (include Enrollment Form with completed Refuse/Drop coverages section)