



US Health and Life

US HEALTH AND LIFE INSURANCE COMPANY

## Enrollment Adjustment Form

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Please use the status change codes provided below to report any reasons for application changes to your monthly statement.

01 Termination of Employment	06 New Hire	11 Add Spouse	16 Address Change
02 Leave of Absence	07 Rehire	12 Add Newborn	17 Beneficiary Change
03 Quit	08 Waive Coverage	13 Add Dependent	18 Status Change
04 Deceased	09 Divorce	14 COBRA Enrollee	19 Terminate COBRA
05 Open Enrollment	10 Name Change	15 Apply After Waiver	20 Other

**\*\*An Employee Enrollment Form or Waiver must accompany codes 05 through 18.**

Participant ID #	Participant Name	Status Change Code	Effective Date of Change	Remarks

*By signing this form the employer certifies that the participants(s) did not pay premium or provide contributions past the date coverage is supposed to end.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_