P. O. Box 10787
Burbank, CA 91510-0787
1 (800) 350-0148

ELIGIBILITY STATUS REPORT

Plan Name: _____

Plan No.: _____ Division/Location: _____ Month Ending: _____

CHANGE CODE	DEFINITION
1	NEW EMPLOYEE -ATTACH ENROLLMENT FORM
2	TERMINATION
3	REINSTATEMENT
4	CHANGE IN COVERAGE STATUS (USE REMARKS)
5	DIVISION/LOCATION TRANSFER (USE REMARKS)
6	MISCELLANEOUS CHANGES (USE REMARKS)

SUBMIT THIS STATEMENT MONTHLY IN ORDER TO MAINTAIN ACCURATE AND CURRENT ELIGIBILITY RECORDS FOR YOUR EMPLOYEES.

CHANGE CODE	EMPLOYEE NAME LAST	EMPLOYEE NAME FIRST	SOCIAL SECURITY NUMBER	EFFECTIVE DATE OF CHANGE MM	DD	YY	REMARKS

SIGNATURE _____ **DATE**: _____ ☐ **NO ACTIVITY TO REPORT**

(AUTHORIZED REPRESENTATIVE)