ENROLLMENT CHANGES REPORT

Group Name: _____ **Group #:** _____

Div # _____

Signed By: _____ **Date:** _____

Employee Last Name, First Initial & SS#	Enrollment Change			Status Change	Change Date	Coverage Affected	Comments
	Add	COBRA	Term				

Return to: Claims and Benefits, Inc., 7801 East Bush Lake Road, Suite 240, Bloomington, MN 55439