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| Division name:   | policy #: | division #:  | For the Reporting month of:  |

***ONLY SELECT THOSE BENEFITS AS OULTINED ON YOUR SCHEDULE***

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|  | effective |  | employee name |  |  | date of |  |  | annual salary |  |  |  |  |
| change | date | term |  | birthdate | employment |  | class |  | ehc | dent | covered benefit (√) |
| code | yy | mm | dd | code | Certificate ID# | yy | mm | dd | yy | mm | dd | sex | code | occupation | f/s/o | f/s/o | grl | add | depl | std | ltd | eap |
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**Legend:**

**Change Code**: **Term Code**: **Class Code**: **Health & Dental**: ***ALWAYS SHOW:*** change code, effective date, employee name and id#

A = Addition TE = Terminate Employment Refer to invoice S = Single

C = Change DT = Death to determine class F = Family ***CHANGES:*** complete only columns in which changes are occurring

T = Termination OA = Over Age code for employee O = Opt Out (only applicable when \*\*\* when making a change from single to family, family to single, or

R = Retired with Insurance LA = Leave of Absence Please use appropriate spousal cvrg is in effect) opt out of single or family ***always*** provide explanation.

S = Salary IN = Ineligible Class code for each

W = Waiver of Premium employee

RI = Reinstatement ***ADDITIONS:*** ***ALWAYS*** indicate F, S or O for Health & Dental Options

NC = Name Change

AS = Add Seasonal employee

RS = Returning Seasonal employee