

Key Benefit Administrators, Inc.

534 Rivercrossing Drive
 P.O Box 1239
 Fort Mill, SC 29716-1239

866/387-0489 Toll Free Voice
 866/387-3409 FAX

ENROLLMENT CHANGE WORKSHEET

Group Name: _____

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PLEASE USE THE STATUS CHANGE CODES TO REPORT ANY CHANGES. COMPLETE AND MAIL OR FAX TO KEY BENEFIT ADMINISTRATORS (ATTN: ASF ELIGIBILITY) AT THE ADDRESS/FAX INDICATED ABOVE.

- | | | | |
|-------------------------------|-----------------------------|--|-----------------------------|
| 01 TERMINATE, OFFER COBRA (1) | 05 ADD NEWBORN (2) | 08 DIVORCE- REMOVE SPOUSE (1) | 11 TERMINATE COBRA |
| 02 DECEASED | 06 ADD OTHER DEPENDENTS (2) | 09 DIVORCE- REMOVE SPOUSE & CHILDREN (1) | 12 LOSS OF DEPENDENT STATUS |
| 03 NEW HIRE (2) | 07 ADD SPOUSE (2) | 10 REMOVE DEPENDENT (indicate why) | 99 OTHER (Please explain) |
| 04 REHIRE (2) | | | |

- (1) For these status codes, please include original employment date and original insurance effective date of coverage.
 (Please copy us on any COBRA correspondence you issue or that you receive so that we can keep our files up to date.)
 (2) For these status codes, a signed enrollment form must be included to effect the change.

EMPLOYEE SSN	EMPLOYEE NAME	STATUS CHANGE CODE(S)	EFFECTIVE DATE OF CHANGE	REMARKS or ADDITIONAL INFORMATION

For Change of Address, Use the Following:

EMPLOYEE SSN	EMPLOYEE NAME	EFF DATE OF CHANGE	NEW ADDRESS & PHONE NUMBER