



MEMBERSHIP REPORT

MAIL TO: AulCare Member Services
PO Box 6910
Canton, OH 44706
FAX: 330-363-7746
SERVICE: 330-363-6360 OR 1-800-344-8858
EMAIL: aulcareeligibility@aulcare.com

TODAY'S DATE: _____
COMPANY: _____
GROUP NUMBER: _____
COMPLETED BY: _____

| EFFECTIVE DATE OF TRANSACTION | LAST, | EMPLOYEE NAME FIRST, M. | ID NUMBER | TRANS. CODE | COVERAGE TYPE | COMMENTS |
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Please indicate all changes/updates on this report. Do not make changes on the monthly premium statement. Utilize transaction codes for each change. Include enrollment form and certificate where indicated. ***Signed enrollment forms must include spouse's signature when applicable.**

TRANSACTION CODES

Addition to Enrollment:

1. Addition (Include Enrollment Form and Certificate of Creditable Coverage) If enrollment is due to SCHIP loss of coverage, please indicate this in the comments section.

Change to Enrollment:

2. Change – Single to Family (Include Enrollment Form & Certificate of Creditable Coverage)
3. Change – Family to Single (Include Enrollment Form)
4. Change – Name/Address (Specify in comments section, if name change & include enrollment form)
5. Change – Addition of Dependent (Specify in comments section, include enrollment form & Certificate of Creditable Coverage)
6. Change – Deletion of a Dependent (Specify in Comments, include Enrollment Form and Divorce Decree if applicable)
7. Change – Other (Specify in Comments)

Cancellation of Coverage:

8. Cancellation – Left Employment/Termination (Include in Comments section Termination Date & if Voluntary, Involuntary or due to Gross Misconduct)
9. Cancellation – Deceased (Specify in Comments section)
10. Cancellation – Layoff (Include in Comments section the Date of Layoff & if Voluntary or Involuntary)
11. Cancellation - Waiving (Specify in Comments if waiving coverage, include enrollment form)

Continuation of Coverage:

12. COBRA Coverage Elected (Include Expiration Date)
13. State Continuation of Coverage (For groups under 20 – please indicate expiration date of State Continuation of Coverage in the comments section)

Other:

14. Other (Include detailed explanation)
15. Special Election Period (Include Enrollment Form & Certificate of Creditable Coverage)