AULTCARE
www.aultcare.com

MAIL TO: AultCare Member Services
P.O. Box 6910
Canton, OH 44706
FAX: 330-363-7746

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

MEMBERSHIP REPORT

EFFECTIVE DATE OF TRANSACTION	EMPLOYEE NAME LAST, FIRST, M.	ID NUMBER	TRANS. CODE	COVERAGE TYPE	COMMENTS

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: ADJUST CONTRACT COUNT

1. Addition (Include Enrollment Form and Certificate of Creditable Coverage)
2. Change – Single to Family (Enrollment Form and Certificate of Creditable Coverage Required)
3. Change – Family to Single (Enrollment Form Required)
4. Cancellation – Left Employment/Termination
5. Cancellation – Deceased
6. Cancellation – Layoff
7. Plan Transfer
8. COBRA Coverage Elected (Include Expiration Date)
9. Change – Name/Address (Specify in Comments, if Name Change include Enrollment Form)
10. Change – Addition of Dependent (Specify in Comments, include Enrollment Form and Certificate of Creditable Coverage)
11. Change – Deletion of a Dependent (Specify in Comments, include Enrollment Form and Divorce Decree if applicable)
12. Change – Other (Specify in Comments)
13. Cancellation (Specify in Comments)