REPORT OF CHANGES

COMPANY NAME _____ **GROUP POLICY NUMBER** _____

PREPARED BY _____ **DATE PREPARED** _____

INSTRUCTIONS

1. A Report of Changes accompanied by an Enrollment Card, Group Insurance Change Card and/or Short Form Health Statement (if required and outlined under policy terms) must be received in the Home Office 15 days prior to the due date of your next Premium Statement to assure that changes will be reflected on that statement.

2. All changes received accordingly will be processed and retroactive adjustments will be reflected on your next Premium Statement. Therefore, please DO NOT adjust your Statement.

3. Changes received after the 15th day will be processed for a subsequent Statement.

4. To avoid delays in processing, please be sure your Group Policy number appears on this report and all the necessary forms accompany this report.

REASONS FOR CHANGES

1. Addition
2. Reinstatement
3. Increase
4. Decrease
5. Terminations
   a. Discharge or Resign
   b. Temporary Leave
   c. Sickness or Injury
   d. Retirement
   e. Death
6. Beneficiary-Name Change

Call 1-800-537-4565 with questions.

EMPLOYEE'S NAME	CERT. #	EFFECTIVE DATE OF CHANGE	CLASS	EARNINGS	MODE OF EARNINGS	OCCUPATION	REASON FOR CHANGE

4405

01/02

NABCO USE ONLY:
Premium Statement _____
Date in Computer _____