

# REPORT OF CHANGES GAPP

COMPANY NAME: \_\_\_\_\_

GAPP POLICY # \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

DATE PREPARED: \_\_\_\_\_

**INSTRUCTIONS:** (All information is required in full for the following changes:

| <u>HIRING &amp; REHIRING EMPLOYEE:</u>              | <u>TERMINATING EMPLOYEES</u>                            | <u>EMPLOYEE CLASSIFICATION CODE CHANGE</u>          |
|---|---|---|
| 1) Employee's name (Nombre de emplease)             | 1) Employee's name (Nombre de emplease)                 | 1) Employee's name (Nombre de emplease)             |
| 2) Social Security Number (Numero de suguro social) | 2) Social security Number (Numero de suguro social)     | 2) Social Security Number (Numero de suguro social) |
| 3) Date of Birth (Fecha de nacimiento)              | 3) Termination Date ((fecha de terminacion o de empleo) | 3) Effective date of change (fecha de cambio)       |
| 4) Sex (Sexo)                                       | 4) Reason for Change (razon por cambio)                 | 4) Class Code (clase de empleo)                     |
| 5) Date of Hire/Rehire (Fecha de aguilado)          |   | 5) Job Title (Titutio del trabajo)                  |
| 6) Class Code (Clase de empleo)                     |   | 6) Reason for change (razon por cambio)             |
| 7) Job Title (Titutio del Irabajo)                  |   |   |
| 8) Reason for change (Razon por cambio)             |   |   |

It is necessary to notify our office within 10 days of any employee changes (additions, terminations and/or rehires). Failure to notify us could result in non-payment of claim.  
Es necesario avisar nuestra oficina en escrito dentre treinta dias; de cambios de empleados (que adiciones de empleados y terminado y que han reaquilado). Falta de notificar puede resultar en no pagar reclamaciones.

| <b>REASON FOR CHANGE:</b>   |
|-----------------------------|
| 1) Hiring employee          |
| 2) Rehiring employee        |
| 3) Terminating employee     |
| 4) Class change of employee |

| EMPLOYEE NAME<br>(First name, Last name) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | SEX<br>M/F | HIRE/REHIRE/<br>EFFECITIVE DATE<br>(month-day-year) | TERMINATION<br>DATE<br>(month/day/year) | CLASS CODE<br>(A,B,C,D,E,F,G)<br>(F/T - P/T) | JOB TITLE/<br>OCCUPATION | REASON<br>FOR<br>CHANGE |
|--|------------------------|---------------|------------|---|---|--|--------------------------|-------------------------|
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**Return Completed form to:**  
NABCO  
PO BOX 3056  
SOUTHEASTERN, PA 19398-33056