



Enrollment Summary Form

Use of this form is optional. However, this form does not replace enrollment and/or update forms. If you choose to use this form, it must be accompanied by the appropriate completed enrollment and/or update forms. For assistance, please call 877.463.9891.

Company name _____

Completed by _____

Organization ID (Account number) _____

Date _____

Social Security Number (1)	Employee Name	Change Code(s)	Effective Date	Select coverage(s) affected. Check all that apply.								
				Group Life	Medical	Dental	Vision	Supp Life	Dependent Life	Add'l Life	STD	LTD
Comments: (2)				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments: (3)				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments: (4)				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments: (5)				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments: (6)				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Comments:

Change Reason Codes

- A = Add Coverage (Subscriber is adding one or more coverage.)
- D = Dependent Status Change (Subscriber is adding or removing dependents.)
- M = Miscellaneous Change (Address, date of birth, student cert., etc.)
- N = New Enrollment (Subscriber is electing coverage for the first time or is a new hire.)
- O = Open Enrollment Changes
- T = Termination (Employment terminated by employer.)
- VT = (Voluntary termination initiated by employee.)
- R = Reinstatement (Subscriber is reinstating without a lapse in coverage.)
- X = COBRA, Benefit Volume Change, Waiver of Premium, etc.

Mail forms to:
 PA Chamber Insurance
 Attn.: Operations
 417 Walnut Street
 Harrisburg, PA 17101

 Or fax to: 717.720.5598

This form summarizes enrollment changes, which should be submitted to PA Chamber Insurance. Please also forward other changes for company information (company name, benefit administrator, etc.) to PA Chamber Insurance.