

# 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 in completing this form, please call 1.877.463.9891**

Company name \_\_\_\_\_

Completed by \_\_\_\_\_

Organization ID (Account number) \_\_\_\_\_

Date \_\_\_\_\_

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

General Comments:

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### Change Reason Codes

- A = Add Coverage (Subscriber is adding one or more coverage.)
- C = Cancel Coverage (Subscriber is dropping 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.)
- T = Termination (Subscriber is dropping all coverage.)
- R = Reinstatement (Subscriber is reinstating without a lapse in coverage.)
- O = Open Enrollment Changes
- X = COBRA, Benefit Volume Change, Waiver of Premium, etc.

**Mail forms to:**  
 PCI Insurance, Inc.  
 Attn.: Operations Center  
 417 Walnut Street  
 Harrisburg, PA 17101

**Or fax to: 717.720.5598**

This form is intended to assist you in summarizing and record-keeping when submitting enrollment changes to PCI Insurance. Forward changes in company information (i.e., company name, benefit administrator, etc.) to PCI Insurance on your company letterhead.