

# 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 or email [service@pachamber.org](mailto:service@pachamber.org).

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	EAP	STD	LTD	
(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"/>	<input type="checkbox"/>
(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"/>	<input type="checkbox"/>
(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"/>	<input type="checkbox"/>
(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"/>	<input type="checkbox"/>
(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"/>	<input type="checkbox"/>

General Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Change Reason Codes

- A = Add Coverage (Employee is adding one or more coverage.)
- D = Dependent Status Change (Employee is adding or removing dependents.)
- M = Miscellaneous Change (Address, date of birth, student cert., etc.)
- N = New Enrollment (Employee is electing coverage for the first time or is a new hire.)
- O = Open Enrollment Changes
- C = Cancel (Active Employee cancels one or more benefit.)

- T = Termination (Employment terminated by employer.)
- VT = (Voluntary termination initiated by employee.)
- R = Reinstatement (Employee is reinstating without a lapse in coverage.)
- X = COBRA, Benefit Volume Change, Waiver of Premium, etc.

**Forward forms to:**  
 Fax: 717 720-5598  
  
[service@pachamber.org](mailto:service@pachamber.org)  
  
 PA Chamber Insurance  
 417 Walnut Street  
 Harrisburg, PA 17101