



427 E. STREET ROAD,
FEASTERVILLE, PA 19053

(215)355-2121 Office
(888)287-3186 Fax
<http://www.totalbenefits.net>

ENROLLMENT TRANSACTION AUTHORIZATION

PLEASE FAX THIS FORM TO OUR SECURE E-FAX (888)287-3186

GROUP NAME: _____

TODAY'S DATE: _____

PLEASE CHECK TYPE OF TRANSACTION:	<input type="checkbox"/> ENROLL	<input type="checkbox"/> CHANGE	<input type="checkbox"/> TERMINATE
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MEMBER NAME: _____

MEMBERS ID# OR SOCIAL: _____

REASON FOR REQUEST: _____

REQUESTED EFFECTIVE DATE OF THIS TRANSACTION: _____

PLEASE CHECK BENEFIT SELECTIONS	<input type="checkbox"/> MEDICAL PLAN: _____	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> DENTAL
	<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> LIFE	<input type="checkbox"/> OTHER: _____

REMARKS: _____

EMPLOYER AUTHORIZATION: _____

NOTICE:

- When adding new employees to any plan, the original application forms must be completed, signed and submitted to us before the transaction can be completed. Incomplete applications will delay the processing time. Applications that require a PCP selection, that is omitted, will have a PCP auto-assigned by the carrier.
- Enrollment changes are coordinated with your group billing cycle and are subject to your insurer's guidelines.
- Retroactive enrollment requests are subject to approval by your insurer.