

# Group Insurance Change Report (GICR)

Please note: All new enrollments and changes must be sent with a completed enrollment / change form.

School Name: \_\_\_\_\_  
 Division Number: \_\_\_\_\_  
 Client Code: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Billing Month: \_\_\_\_\_

Event Codes:

<b>A.</b> Salary Change	<b>G.</b> Name Change	<b>M.</b> Deceased
<b>B.</b> Occupation Change	<b>H.</b> Address Change	<b>N.</b> Retirement
<b>C.</b> Benefit Change	<b>I.</b> Adding Dependent(s)	<b>O.</b> Change status to Early Retiree
<b>D.</b> Change in FT Status	<b>J.</b> Terminate Dependent(s)	<b>JUST A REMINDER:</b> Please indicate the term date of any coverages for Early Retirees (if applicable) when reporting the status change.
<b>E.</b> Marriage	<b>K.</b> Terminate Employment	
<b>F.</b> Divorce	<b>L.</b> Terminate Coverages	

Please reference your benefit booklet to verify the effective dates for new enrollments, changes or terminations.

## New Enrollments

	Employee Name	SSN#	Effective Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			

## New Enrollments Cont'd

	Employee Name	SSN#	Effective Date
8.			
9.			
10.			
11.			
12.			
13.			
14.			

## Changes

	Employee Name	SSN#	Effective Date	Event Code
1.				
2.				
3.				
4.				
5.				
6.				
7.				

## Changes Cont'd

	Employee Name	SSN#	Effective Date	Event Code
8.				
9.				
10.				
11.				
12.				
13.				
14.				

## Terminations - Use this section to list all members terminating from your invoice.

	Employee Name	SSN#	Coverage Term Date	Event Code
1.				
2.				
3.				
4.				
5.				
6.				
7.				

## Notes