

## Enrollment Change Form

Group Name: Town of Mooresville

Group Number: Z0

Instructions: Use the following codes to describe the reason for the change(s). Do not use this form if you are adding additional dependents or coverage - an Enrollment form should be used. This form should be submitted to your CoreSource Claim Center at least once per month.

Change Code: (A) Cancel Coverage (D) Name Change (G) Account Number Change (I) Location Code Change  
(B) COBRA Continuation (E) Address Change (H) Salary Change (J) Department Code Change  
(C) Retiree (F) SSN Correction

|                                                |                     |                                                                                                                        |             |                       |
|------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|
| <b>Employee Name</b>                           | SSN or Employee ID# | Change Applies To:<br><input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision | Change Code | Date of change<br>/ / |
| Dependent Name(s) and Relationship to Employee |                     | Describe Change                                                                                                        |             |                       |
| <b>Employee Name</b>                           | SSN or Employee ID# | Change Applies To:<br><input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision | Change Code | Date of change<br>/ / |
| Dependent Name(s) and Relationship to Employee |                     | Describe Change                                                                                                        |             |                       |
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| Dependent Name(s) and Relationship to Employee |                     | Describe Change                                                                                                        |             |                       |
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| Dependent Name(s) and Relationship to Employee |                     | Describe Change                                                                                                        |             |                       |
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| Dependent Name(s) and Relationship to Employee |                     | Describe Change                                                                                                        |             |                       |
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| Dependent Name(s) and Relationship to Employee |                     | Describe Change                                                                                                        |             |                       |
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| Dependent Name(s) and Relationship to Employee |                     | Describe Change                                                                                                        |             |                       |

These changes have been authorized by: \_\_\_\_\_

Date: \_\_\_\_\_