INSURANCE
TRANSACTIONS REPORT

DATE: _____

GROUP NO: _____ SUBMITTED BY: _____

TO BE COMPLETED BY THE POLICYHOLDER

TRANS CODE	EMPLOYMENT DATE	SS #	FULL NAME	EFFECTIVE DATE	REMARKS

TRANSACTION CODES:

N - NEW ENTRANT - SUBMIT ENROLLMENT CARDS

R - REINSTATEMENT

C - CHANGE OF COVERAGE - SUBMIT PINK CHANGE FORM

T - TERMINATION - SHOW DATE OF TERMINATION IN "REMARKS", USE THIS FOR TOTAL TERMINATION FROM THE GROUP

* REPLACEMENT CARD FOR CORRECTION TO ORIGINAL ENROLLMENT FORM