



**CORRECTION TO GROUP STATEMENT**  
*Designed to report adjustments to your monthly statements*

Please fax enrollment changes to (858) 499-8399.

If you have any questions or need additional information, please call our Customer Care Department toll-free at 1-800-359-2002.

**Group Name:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_ **Invoice Month:** \_\_\_\_\_

Member Name	I.D. Number	Additions <small>(New adds must be received within 31 days of eligibility with a completed application)</small>		Terms <small>(Terms must be received within 31 days of employee termination)</small>	Member Status <small>(Identify applicable Members for Adds/Terms )</small>
		Add Date	Application Status	Term Date	Status
			Mailed on _____ Faxed on _____ Attached		Employee Spouse Children All of the above
			Mailed on _____ Faxed on _____ Attached		Employee Spouse Children All of the above
			Mailed on _____ Faxed on _____ Attached		Employee Spouse Children All of the above
			Mailed on _____ Faxed on _____ Attached		Employee Spouse Children All of the above
			Mailed on _____ Faxed on _____ Attached		Employee Spouse Children All of the above
			Mailed on _____ Faxed on _____ Attached		Employee Spouse Children All of the above
			Mailed on _____ Faxed on _____ Attached		Employee Spouse Children All of the above

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**The Employer Group shall continue to be liable for Premiums during the period between loss of eligibility and receipt of notice thereof by the Plan. Plan will not terminate a Member retroactively for any period during which Employer Group has collected Member's share towards Premiums. The Employer Group is responsible for ensuring that the Member has not paid the Member's share of Premiums before notifying Plan of retroactive Terminations.**

**By signing, you certify the above statements are true and correct.**