

## HOW TO COMPLETE YOUR REPORT OF ENROLLMENT ACTIVITY FORM

### Completing the Report of Enrollment Activity Form

**Adding Members** — This form should accompany all addition applications. The number of new employee applications attached must be listed on this form.

**Changing Coverages** — This form should accompany all change requests. The number of Member Change Forms attached must be listed on this form.

**Terminating Members** — An employee whose coverage is to be terminated must be listed on this form. It is important that the termination code and effective date be listed.

#### **Important Information: Submitting Enrollment**

Complete the following fields on the Report of Enrollment Activity Form. Please return completed forms to your Membership Administrator or to the address shown at the top of this form.

- 1) **Completed By** - The Account Administrator's name.
- 2) **Telephone Number** - The Account Administrator's phone number.
- 3) **Today's Date** - The current calendar date.
- 4) **Name of Company** - The employer name.
- 5) **Name of Association** - Complete if your Group is part of an Association.

### Additions and Member Changes Section

- 6) **Group Number** - Unique 8 digit identification number assigned to the group reporting additions.
- 7) **Report Codes** - Complete if your Group segments member population; i.e. hourly, salary, active, retired.
- 8) **Number of New Additions Attached** - The total number of new employee enrollment applications attached.

- 9) **Group Number** - Unique 8 digit identification number assigned to the group reporting member changes.
- 10) **Report Codes** - Complete if your Group segments member population; i.e. hourly, salary, active, retired.
- 11) **Number of Member Change Forms Attached** - The total number of member change forms attached; i.e. adding or cancelling a spouse or dependent child, etc.

### Termination Section

- 12) **Group Number** - Unique 8 digit identification number assigned to the group reporting terminations.
- 13) **Member Identification Number** - Agreement number of covered individual.
- 14) **Termination Code** - Indicate the reason for the termination using the termination codes located on the bottom of this form (The code definitions appear on the back of these instructions).
- 15) **Member Name** - The member's last name, first name and middle initial.
- 16) **Effective Date** - The date on which the termination is effective.
- 17) **Type of Coverage (By Product)** - Indicate the type of coverage to be terminated, by product.

### 18) Coverage Code Descriptions

<b>POS</b>	Point of Service	<b>BS</b>	Blue Shield
<b>PPO</b>	Preferred Provider Organization	<b>MM</b>	Major Medical
<b>HMO</b>	Health Maintenance Organization	<b>Dental</b>	Dental
<b>CV</b>	Comprehensive	<b>Drug</b>	Drug
<b>FAWR</b>	Wraparound	<b>Vision</b>	Vision
<b>BC</b>	Blue Cross		

To order additional forms, call 1-800-450-0962

**Once the form is completed, retain the last copy for your records.**

## EXPLANATION OF THE TERMINATION CODES

### **CODE 1 - Left Employ**

This code is used when an employee terminates his or her employment and wishes to continue coverage on a direct-payment basis.

### **CODE 4 - Department Transfer**

This code is used when an employee is transferred from one group and/or payroll to another and is to retain his or her Blue Cross Coverage. Direct-payment coverage is not offered.

### **CODE 5 - Military Service**

This code is used when an employee terminates his or her Blue Cross Coverage to enter military service. In this case, group conversion would not be offered.

### **CODE 6 - Deceased**

This code is used whenever an employee dies. In cases where a spouse and/or dependent children remain, we will offer group conversion coverage on a direct-payment basis.

### **CODE 7 - Retired**

This code is used when an employee retires but is ineligible for any other group program. Therefore, if the retiree is over 65, we would offer a 65-Special coverage on a direct-payment basis. If the retiree is under 65, we would offer the retiree and any dependents group conversion coverage on a direct payment basis.

### **CODE 8 - Another Insurance Carrier**

This code is used when an employee terminates his or her coverage to transfer to another insurance carrier. In this case, group conversion coverage would not be offered.

### **CODE 9 - Location Transfer**

This code is used when an employee is transferred from one Blue Cross Plan to another Blue Cross Plan. Direct Payment coverage is not offered.

### **CODE 11 - Medicare**

This code is used when an employee becomes eligible for Medicare. We will offer a group conversion coverage on a direct-payment basis.

### **CODE 13 - Retired**

This code is used when an employee retires but is eligible for another type of Blue Cross group program. In this case, group conversion coverage would not be offered.

### **CODE 23 - Transferred to HMO**

This code is used when an employee terminates his or her coverage and transfers to a health maintenance organization (HMO). In this case, group conversion coverage would not be offered.

### **CODE 28 - Gross Misconduct**

This code is used when an employee is terminated from organization due to gross misconduct. In this case, group conversion coverage would be offered.

### **CODE 29 - Request Cancel**

This code is used when an employee requests termination of coverage. Direct Payment coverage is not offered.

