

CHANGE REPORT FORM MID-AMERICA ASSOCIATES, INC.

Mail To: MID-AMERICA ASSOCIATES, INC.
560 KIRTS BLVD STE 125
TROY MI 48084
Phone: 1-800-482-0945
Fax: 248-583-4647

Group Name: _____

Group Number: _____

Authorized By: _____

Date: _____

NEW EMPLOYEES (Enrollment Form Must Be Completed)		
Name	Member ID or Social Security Number	Date of Full-Time Hire

REINSTATEMENTS (Enrollment Form Must Be Completed)			
Name	Member ID or Social Security Number	Date of Rehire	Previous Termination Date

CHANGES IN COVERAGE/STATUS			
Name	Member ID or Social Security Number	Effective Date of Change	List Requested Change

TERMINATIONS			
Name	Member ID or Social Security Number	Last Day Worked	Reason for Termination

COBRA BENEFICIARY TERMINATIONS			
Name	Member ID or Social Security Number	Date of Termination	Reason for Termination