



MAIL TO: Enrollment Department  
1901 Market Street  
Philadelphia, Pennsylvania 19103-1480

## Enrollment Report: Additions, Changes and/or Removals

Group Number \_\_\_\_\_ Group Name \_\_\_\_\_ Effective on \_\_\_\_\_ billing

Group Address \_\_\_\_\_ Submitted by \_\_\_\_\_ Phone no. (\_\_\_\_\_) \_\_\_\_\_

City State Zip Code

Name (please print or type)	Identification Number	Please leave blank Blue Cross only	Effective date of this transaction MM DD YY	Additions (1)	Changes (2)	Removals (3)	Removal Code Number *(4)	Remarks Note Address for all terminations (include zip code)
1 _____								_____
2 _____								_____
3 _____								_____
4 _____								_____
5 _____								_____
6 _____								_____
7 _____								_____
8 _____								_____
9 _____								_____
10 _____								_____
			Totals					

Total number of items you are reporting =

**IMPORTANT**

Completed Group Application/Change Form  
must be enclosed with this report  
Follow instructions on reverse side.

1. Change to US Healthcare (HMO PA/NJ)
2. Change to BC/BS HMO (DVHMO, KHPE)
3. Change to Commercial HMO.
4. Change to Commercial Insurer.
5. Transfer to an out of area BC/BS Plan.

**\*REMOVAL CODES**

6. Covered by spouse - IBC Plan - Please indicate spouse's I.D.# in remarks column.
7. Transfer from group to group - Please indicate new group number in remarks column. If group number is not given, subscriber will be billed at home.
8. Deceased - If surviving dependents, please indicate in remarks column if dependents should remain in group or be billed at home.
9. No longer employed, bill at home.

## General Instructions

1. To report new subscribers, changes in coverage or terminations, print the names of the subscribers in the space provided. Opposite each name fill in the identification number and the proposed effective date. Indicate (X) in columns 1, 2 or 3, depending on the type of transaction. Indicate Removal Code Number in column 4. Removal Codes are listed on reverse side.
2. Enter the respective totals of additions and removals at the bottom of columns 1 and 3 on each page.
3. Enter the total number of enrollment items reported in the box provided.
4. Forward this report and any application/change forms (for all additions and changes) to:

Enrollment Department  
INDEPENDENCE BLUE CROSS  
1901 Market Street  
Philadelphia, PA 19103-1480

5. Do not remit payment with this report. You will receive a bill reflecting these changes at a later date.
6. Retain a copy of this report for your records. This will help you verify that requested changes were completed when you receive your bill.
7. If you have a question concerning this report, billing procedures or enrollment information, please call the telephone number in the upper right corner of your bill.
8. If you are adding a Medicare member or if there is a change in the Medicare status of an existing Medicare member, please complete and attach a Medicare Coordination of Benefits form.