

Mail / Fax To: Planned Administrators, Inc.
PO Box 6702, Columbia, SC 29260

Telephone (866) 798-0803
Fax (803) 264-0772

Underwritten by
Companion Life Insurance Company
Columbia, SC

Fill out this form ONLY if you are making changes in your coverage or terminating coverage.

EMPLOYEE INFORMATION (must be filled out)

Address / Name Change

➤ Social Security Number _____ Date of Birth ____/____/____ Sex M F

Name _____ Home Phone _____

Street Address _____ City _____ State _____ Zip _____

Employer _____ Hire Date ____/____/____

Add/Change Dependent Information

Dependent Name	Social Security Number	Date of Birth	Relationship	Gender

REASON FOR THE CHANGE

Address Change Name Change Add Dependent(s) Coverage Change Terminate Coverage

Reason for Termination (only select one)

- T1- Termination of Employment T4- Deceased T7- Non FMLA Leave of Absence TU- Unknown
- T2- Termination due to Retirement T5- Loss of Dependent Status T8- Divorce/Legal Separation TV- Voluntary Termination
- T3- Termination due to Employee's Medicare Entitlement T6- Reduction of Hours T9- USERRA/Military TS- Termination with Severance

PLAN CHANGES

MEC Wellness/Preventive Monthly Rates

- \$ 64.09 Employee Only
- \$ 98.18 Employee + 1
- \$186.73 Employee + Family
- NO CHANGE
- Terminate MEC/Wellness Preventive

If electing benefits, I hereby authorize my employer to send request to PAI for enrollment into the coverage. If cancelling coverage, I understand that I have been offered an opportunity to become covered under the Essential StaffCARE plan, and I have chosen NOT to take advantage of this offer. I understand that the change will be effective the 1st of the month after the request date.

➤ Signature _____ Date _____