



An Independent Licensee of the Blue Cross and Blue Shield Association

PO BOX 1106  
LEWISTON ID 83501-1106  
www.regence.com

### ELIGIBILITY ADJUSTMENTS

GROUP NAME \_\_\_\_\_

GROUP/SUBGROUP NO. \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF EMPLOYEE	MEMBER NO.	DATE EMPLOYED FULL TIME	MEMBER COUNT	TOTAL PREMIUM	EFFECTIVE DATE OF ADD/CHANGE	COMMENTS
<b>Additions: (New Members)</b>						
<b>TOTAL</b>						
<b>Cancellations:</b>						
<b>TOTAL</b>						
<b>Changes to Existing Enrollment:</b>						
<b>TOTAL</b>						

IF YOU HAVE QUESTIONS, PLEASE CALL THE TELEPHONE NUMBER ON YOUR INVOICE.