



### Member Change Form for Employees

Please use this Form for contract terminations, member terminations, or address changes. Please submit an Enrollment Application Form for any additions, which is available online at [www.phs.org](http://www.phs.org). **Terminations are effective on the last day of the month.**

Today's Date: \_\_\_/\_\_\_/\_\_\_

GROUP INFORMATION			RETURN FORM INFORMATION			
Group Name:			Fax:	(505) 923-8252		
			E-mail:	enrollmentdept@phs.org		
Group Number:			Mail:	<b>Presbyterian Health Plan</b> Attention: Enrollment Department P.O. Box 27489, Albuquerque, New Mexico 87125		
EMPLOYEE INFORMATION						
Employee ID	Name (First Name, MI, Last Name)	Termination (Contract) (Member) (COBRA)	Address Change (Please add new address)	Remarks (i.e. Term Dependent only)	Effective Date (m/d/yr)	Coverage Term Code (1=Voluntary Term) (2=Involuntary Term)
Will termination of these members result in zero membership? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Authorized Signature:						