Blue Cross Blue Shield of Rhode Island

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

GROUP ACTIVITY REPORT

FOR ADDITIONS, CANCELLATIONS & CHANGES

COMPANY NAME: _____ DATE: _____

E-MAIL ADDRESS: _____ GROUP NUMBER: _____
(if applicable)

PHONE NUMBER: _____

MEMBERSHIP NUMBER	NAME OF EMPLOYEE First Initial, Last Name	EFF DATE	PKG NO.	PROCESS CODE	TERM REASON	NEW RATE	OLD RATE	REMARKS
					TOTAL	$	$	

INSTRUCTIONS TO GROUP:

- Please complete all entries on this form
- Please return original to Membership Administration Services with corresponding application(s)
- Keep yellow copy for your records

Please return completed form and application to: **BCBSRI Membership Department in envelope provided**

PREPARED BY: _____ TITLE: _____

White copy – Membership Administration Services

Yellow copy – Retain for your records

06/05 SAL-808•5654F

PLEASE USE PROCESS CODES

1 – New addition 2 – Change of plan 3 – Termination 4 – Other 5 – COBRA Reinstatement

TERMINATION REASONS

D = Deceased
EC = Divorced
HA = Moved out of service area
HC = Cost
HE = Employer no longer offered
HF = Covered under spouse's plan
HG = Specific benefit not covered
HI = Didn't like PCP concept
HL = Complaint/Grievance
HO = Inability to change PCP when requested
HP = Changed carrier to United Health
HV = Changed to another Blue Cross plan
HW = Retired from employment
HX = Employer no longer in business
HY = Dependent no longer eligible
HZ = Transfer to RiteCare
LE = Left Employment
OI = Other Insurance
P65 = To Plan 65
ML = Voluntary

For Member Services Use Only

BFD

DATE RECEIVED _____