



# Additions and Terminations

Please keep Flex informed of any changes immediately. Please allow 5 to 7 business days for processing. Flex will not be held responsible for over-payments.

**Employer Name:** \_\_\_\_\_

Employee Name: _____	Social Security No.: _____	Date of Birth: _____	Status: <input type="checkbox"/> Addition	Effective Date: _____
<input type="checkbox"/> Termination of Employment	Effective Date: _____	<i>(If benefit termination date is other than employment termination date, please indicate here)</i>		→ <input type="checkbox"/> Termination of Benefit
Effective Date: _____	Effective Date: _____			
Address: _____	City: _____	State: _____	Zip: _____	Phone: _____
Email: _____				
MRP Plan (Check All that Apply)*	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Family	<input type="checkbox"/> Other	
Date of Hire (Additions Only): _____				

Employee Name: _____	Social Security No.: _____	Date of Birth: _____	Status: <input type="checkbox"/> Addition	Effective Date: _____
<input type="checkbox"/> Termination of Employment	Effective Date: _____	<i>(If benefit termination date is other than employment termination date, please indicate here)</i>		→ <input type="checkbox"/> Termination of Benefit
Effective Date: _____	Effective Date: _____			
Address: _____	City: _____	State: _____	Zip: _____	Phone: _____
Email: _____				
MRP Plan (Check All that Apply)*	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Family	<input type="checkbox"/> Other	
Date of Hire (Additions Only): _____				

Employee Name: _____	Social Security No.: _____	Date of Birth: _____	Status: <input type="checkbox"/> Addition	Effective Date: _____
<input type="checkbox"/> Termination of Employment	Effective Date: _____	<i>(If benefit termination date is other than employment termination date, please indicate here)</i>		→ <input type="checkbox"/> Termination of Benefit
Effective Date: _____	Effective Date: _____			
Address: _____	City: _____	State: _____	Zip: _____	Phone: _____
Email: _____				
MRP Plan (Check All that Apply)*	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Family	<input type="checkbox"/> Other	
Date of Hire (Additions Only): _____				

Invoices are issued by the 10th of each month and the billing period is one month in advance. Additions and terminations received by the 1<sup>st</sup> of the month will be reflected on the following month's invoice. (i.e. Changes submitted by October 1st will be reflected on the November invoice.)

**Signature of Plan Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\* If changing to Family Coverage, please complete the MRP Dependent Form and submit with this form.*

