Office 229-225-9943 Fax 229-225-9945 Toll Free 888-35-CLAIM



P. O. Box 6580 Thomasville, GA 31758

BILLING CHANGE FORM							
Name:	Group No.			Month			
Prepared By:	Location:			Date:			
ADDITIONS (Attack Envellment Form)							
ADDITIONS (Attach Enrollment Fo	)rm) 	Effect	Мо	Life	1 1	Location	Single/
Name	Social Security	Date	B/Ch	Volume	Cobra	Level	Family
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CHANGES AND/OR DELETIONS IN COVERAGE							
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TERMINATIONS							
		Term	Mo	Life	Term	Location	Single/
Name	Social Security	Date	B/Cr	Volume	Cobra	Level	Family
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