



Open Enrollment Group Insurance Change Report – Effective January 1, 2011

At Open Enrollment, your employees are entitled to make changes to their plans without the need for a qualifying event. Please note the following:

- **All changes will be effective January 1, 2011.**
- **Premium adjustments for new employees, terminations and the changes below should be listed on the Group Insurance Change Report.**

Under certain circumstances, you may use the other side of this form to make open enrollment changes. For example:

This form MAY be used to:	This form may NOT be used to:
<ul style="list-style-type: none"> ▪ Move employees between the appropriate health plans ▪ Designate that your firm will be offering additional plan options in 2011 	<ul style="list-style-type: none"> ▪ Add or remove family members (change dependent status) - <i>Requires Subscriber Change Request Form</i> ▪ Change an address – <i>Requires Subscriber Change Request Form</i> ▪ Add new employees onto coverage – <i>Requires Employee Enrollment Form</i> ▪ Terminate employee from coverage – <i>Requires Subscriber Change Request Form</i> ▪ Make changes to the Dental and Vision Programs – <i>Requires Subscriber Change Request Form</i>
<p>This form should be emailed, mailed or faxed to Banyan Administrators for the CalCPA ProtectPlus Programs. 1215 Manor Drive, Suite 200, Mechanicsburg, PA 17055 Fax: (877) 237-4519 Email: cpaprotectplus@banyan-llc.com</p>	

EXAMPLES:

Social Security Number	Member											
<p>In the boxes to the right, enter "A" under the coverages for which the employee and his or her current family members wish to be added and enter "R" under coverages to be terminated for the member and family.</p> <p>If you are completing a total transfer to one product, write "All Employees" under Member Name and enter "A" under the coverages for which the employees will be added.</p>		Protect 10	Protect 15	Protect 25	Protect 35	Protect 45	Protect HSA \$1,500	Protect HSA \$2,500	Protect HSA \$2,850	HMO Advantage 100	HMO Value 80	Administrative Use Only New Group Number
123-45-6789	Smith, John				R		A					
654-32-1987	Miller, Jim			R	A							

See other side for Open Enrollment Group Insurance Change Report

Instructions:

If you plan to add or make changes to the plans you will offer in 2011 or your employees enrollment, please indicate the coverages your company will offer in section 1. Then enter employees' changes in section 2, making sure to include Enrollment forms when necessary.

Section 1: **We will offer the following health coverages effective January 1, 2011 (Select all that apply):**

<p><u>Copay Plans</u></p> <ul style="list-style-type: none"> <input type="radio"/> Protect 10 <input type="radio"/> Protect 15 <input type="radio"/> Protect 25 <input type="radio"/> Protect 35 <input type="radio"/> Protect 45 	<p><u>HSA Plans</u></p> <ul style="list-style-type: none"> <input type="radio"/> Protect HSA \$1,500 <input type="radio"/> Protect HSA \$2,500 <input type="radio"/> Protect HSA \$2,850 	<p><u>HMO Plans (Select One Only)</u></p> <ul style="list-style-type: none"> <input type="radio"/> HMO Advantage 100 <input type="radio"/> HMO Value 80
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Section 2:												
<p>In the boxes to the right, enter "A" under the coverages for which the employee and his or her current family members wish to be added and enter "R" under coverages to be terminated for the member and family.</p> <p>If you are completing a total transfer to one product, write "All Employees" under Member Name and enter "A" under the coverages for which the employees will be added.</p>		Protect 10	Protect 15	Protect 25	Protect 35	Protect 45	Protect HSA \$1,500	Protect HSA \$2,500	Protect HSA \$2,850	HMO Advantage 100	HMO Value 80	Administrative Use Only New Group Number
Social Security Number	Member											

If additional space is required, please attach a copy of this form.

Company Name _____ Client Code # _____

Group Leader Signature _____ Title _____ Date _____