

CHANGE REPORT FORM

LIBERTY UNION LIFE ASSURANCE COMPANY

Mail To: LIBERTY UNION LIFE ASSURANCE COMPANY
 560 KIRTS BLVD STE 125
 TROY MI 48084
 Phone: 1-800-482-0945
 Fax: 248-583-4647

Group Name: _____
 Group Number: _____
 Authorized By: _____
 Date: _____

NEW EMPLOYEES (Enrollment Form Must Be Completed)		
Name	Member ID or Social Security Number	Date of Full-Time Hire

REINSTATEMENTS (Enrollment Form Must Be Completed)			
Name	Member ID or Social Security Number	Date of Rehire	Previous Termination Date

CHANGES IN COVERAGE/STATUS			
Name	Member ID or Social Security Number	Effective Date of Change	List Requested Change

TERMINATIONS			
Name	Member ID or Social Security Number	Last Day Worked	Reason for Termination

COBRA BENEFICIARY TERMINATIONS			
Name	Member ID or Social Security Number	Date of Termination	Reason for Termination