



Change of Status/Termination
 44North Seamless HRA &
 ARORx (Maxor) Self-Funded Prescription Plans



email: enrollment@44N.com

Change of Status/Termination

Circle One	First Name:	Last Name:	DOB:	SSN:	Sex: M/F
Add Delete	Participant:				
Add Delete	Spouse:				
Add Delete	Child(ren):				
Add Delete					
Add Delete					
Home Address:		check if new <input type="checkbox"/>	City:	State:	Zip:
Current Marital Status:		Single <input type="checkbox"/>	Married <input type="checkbox"/>	Area Code/Home Phone:	Area Code/Work Phone:

Participant Signature	Signature Date
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CHECK AND COMPLETE APPROPRIATE BOXES
Section 4 to be completed by Plan Administrator

Group Name Lake Superior State University	Plan Year
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Change	Effective Date of Change
<input type="checkbox"/> Marriage <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> HIPAA Qualifying Event (describe event): <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Other _____ <input type="checkbox"/> Reinstate Due to COBRA Election Add Other Coverage: _____ Terminate Other Coverage: _____	

Cancel	Last Date of Coverage
<input type="checkbox"/> Participant REASON: <input type="checkbox"/> COBRA No HRA <input type="checkbox"/> Dependent Over Age <input type="checkbox"/> Left Employment <input type="checkbox"/> Spouse <input type="checkbox"/> Divorce <input type="checkbox"/> Death Other: _____ <input type="checkbox"/> Child(ren) list in Section 1 <input type="checkbox"/> Retired <input type="checkbox"/> Other Insurance	

Group Representative Signature:	Signature Date:
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