MIDWEST SECURITY ADMINISTRATORS, INC.

2700 Midwest Drive
Onalaska, WI 54650-8764

1150 Springhurst Drive Suite 140
Green Bay, WI 54304-9035

2550 Charles Street
Rockford, IL 61108

PO Box 574
Onalaska, WI 54650-0574

(Employers Health Cooperative Use Only)

ADD/CHANGE/TERMINATION FORM

MONTH/YEAR: _____

GROUP NAME: _____ GROUP NO. _____

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STATUS (A/C/T)	STATUS EFFECTIVE DATE	COVERAGE I.E. S-M F-D	LIFE INSURANCE EE. AMT.	LIFE INSURANCE DEP AMT.	ADDTN'L. COMMENTS

A - Add Employee (New Hire) (requires new enrollment form)
C - Change Employee (Requires new enrollment form)
T - Terminate Employee (Please advise of COBRA status)

PREPARED BY: _____

DATE: _____