

INSTRUCTIONS

NOTE: NEW ENROLLMENTS, CHANGES AND TERMINATIONS MUST BE SUBMITTED TO BSNY WITHIN 30 DAYS OF THE REQUESTED EFFECTIVE DATE. THE EMPLOYER WILL BE HELD FINANCIALLY LIABLE FOR ANY ENROLLMENTS, CHANGES OR TERMINATIONS NOT REPORTED TO BSNY WITHIN THE PROPER TIME ALLOTMENT.

This form must be completely filled out to ensure that the information needed is available to make these changes correctly.

Enter the Location Number as it appears on your invoice.
 Enter the Employer name as it appears on your invoice.
 Enter the date that this form is mailed.
 Name of individual preparing form.
 Enter the Social Security number of the affected employee.

Employee Name: Print your employee's name.
 Effective Date: Enter the date the change is to be effective (must be 1st of month).

NOTE: Please refer to your Enrollment & Administrative Guidelines in determining effective date.

Description of Change or New Information: Enter a brief description of the change submitted. Only necessary when "CHANGE" or "TERMINATION" box is checked.

- When requesting enrollments for "new hires", "changes in coverage" and/or "returns to work", please remember to have employees complete all appropriate information on the application form.
- A request for a reinstatement of an individual's contract with no lapse in coverage to rectify an erroneous termination notice does not require the completion of a new application form. Simply list this individual on an Activity Report using the word "reinstate" for the description of change.
- Family contract enrollees must provide their date of marriage and also the names, dates of birth, and relationship to the employee for all eligible dependents to be covered.

SAMPLE ENTRIES

<i>PLEASE CHECK ONE BOX</i>			SOCIAL SECURITY #	EMPLOYEE'S NAME	EFFECTIVE DATE	DESCRIPTION OF CHANGE: EMPLOYMENT DATE, or TERMINATION DATE
ADDITION	CHANGE	TERMINATION			MO. YR	
		x	103692001	Doe, John	4/1/03	Terminated employment 03/10/03.
	x		014783295	Jones, Mary	4/1/03	Married 3/17/03. Change name, add husband, change to family policy-application attached.
	x		783992001	Williams, Michael	5/1/03	New Address – 417 Salina Street, Syracuse, NY 13202-application attached.
X			168492046	Smith, Steve	4/1/03	Application attached – hired 03/02/03.