



Landmark Healthplan of California, Inc.
 1750 Howe Avenue, Suite 300
 Sacramento, CA 95825
 Phone: (800) 638-4557
 Fax: (916) 646-1263

Enrollment Change Form

Employer Group _____

PLEASE PRINT ALL INFORMATION

Group Number _____

ADDITION OF NEW EMPLOYEES

To add a newly eligible employee and his or her dependents, please submit a completed Landmark enrollment form or a copy of the employee's medical insurance enrollment form.

DELETE TERMED EMPLOYEES *(Please list terminations not yet reflected on statement)*

Employee Name	Employee SSN	Number Covered	Effective Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEPENDENT CHANGE *(Copy of medical insurance change form required)*

Employee Name	Employee SSN	Dependent	Add/Del	Effective Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYEES AND/OR DEPENDENTS ENROLLING IN COBRA

Employee Name	Employee SSN	Number Covered	Effective Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____