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TOTAL BENEFIT SOLUTIONS

**ENROLLMENT TRANSACTION AUTHORIZATION  
PLEASE FAX THIS FORM TO (215) 947-5478**

GROUP NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**PLEASE CHECK TYPE OF TRANSACTION:**

- ENROLL
- CHANGE
- TERMINATE

MEMBER NAME: \_\_\_\_\_

MEMBERS ID# OR SOCIAL: \_\_\_\_\_

REQUESTED EFFECTIVE DATE OF THIS TRANSACTION: \_\_\_\_\_

**PLEASE CHECK BENEFIT SELECTIONS:**

- MEDICAL PLAN: \_\_\_\_\_
- DISABILITY
- DENTAL
- SUPPLEMENTAL
- LIFE
- OTHER: \_\_\_\_\_

NOTES: \_\_\_\_\_

EMPLOYER AUTHORIZATION: \_\_\_\_\_

Please note: When adding new employees to any plan, the original application forms must be completed, signed and sent to us before the transaction can be completed.