

SIMNSA Health Plan  
Adjustments Worksheet



Group Name

Coverage Period

Subscriber's Name (First, Last Name)	Effective Date of Change	Remarks	New Hire	Reinstatement	Termination	Coverage Chg	Member Change

New Hire- Includes new hires after meeting their appropriate waiting period. Attach copy of signed application.  
Reinstatement - Reinstatement of subscriber contract. Please include rehire/reinstatement date  
Termination - Discontinuance of a subscriber contract. **Attach change request form with employees signature if possible.**  
Coverage Change - Subscriber requests a change in coverage. Attach change request form with applicable information  
Member Change - Addition, deletion, or change of dependent member. Attach marriage certificate, birth certificate if applicable.

Preparer's Name _____	Preparer's Phone Number (   ) _____
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