

GEMSTAR GROUP DENTAL AND VISION

Use these forms to add an employee to your GemStar group plan.

1. The employer completed the first part of the enrollment form.
2. The employee completes and signs the second part of the enrollment form.
3. The employer completes and signs the employee change form.

Submit completed forms to:

**Security Life Insurance Company of America
P.O. Box 1064
Schenectady, NY 12301**

If you have any questions concerning these forms or adding employees to your group coverage call:

(877) 862-8949 (toll free)

SECURITY LIFE INSURANCE COMPANY OF AMERICA EMPLOYEE CHANGE FORM

EMPLOYER NAME: _____

GROUP # _____

DIVISION # _____

ACTION CODE (Insert Code From Below)	INSURED ID NUMBER	INSURED LAST NAME	INSURED FIRST NAME	ADDRESS OF INSURED	LAST DAY WORKED (If Applicable)	EFFECTIVE DATE OF CHANGE

Action Codes (reason for change, deletion, addition):

- A Additions (new enrollees). **Note: Plan Enrollment Cards must be attached.**
- T Termination due to decrease in hours worked. **Note: The maximum credit allowed will be three months.**
- TV Voluntary Termination. **Note: The maximum credit allowed will be three months.**
- C Correction
- AD Address Change **(Please include new address in Address of Insured box)**
- S Status Change (Marital Status, Dependent Addition, Dependent Termination, etc.) **Note: Plan Enrollment Card must be attached where applicable.**
- CC Coverage Continuation (COBRA,FMLA, etc.)

Administrator Signature: _____ Phone Number: _____ Date Completed: _____

Please return this form along with any Enrollment Cards to:
SECURITY LIFE INSURANCE COMPANY OF AMERICA
PO BOX 1064
SCHENECTADY, NY 12301

Questions? Please Contact: 1-877-862-8949