



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

PO Box 1271 MS5C  
Portland, OR 97201-1271

## ELIGIBILITY ADJUSTMENTS

Group Name \_\_\_\_\_ Group Number \_\_\_\_\_

Invoice Number \_\_\_\_\_ Date \_\_\_\_\_

Name of Employee	Date of Birth	Date Employed Full Time	Contract Types <small>(see benefit/rates for codes)</small>				Member Count	Pkg No.	Total Premium	Comments
			MD	DN	VS	RX				
Additions: (New Subscribers)										
<b>TOTAL</b>									Please transfer total for ADDITIONS to Summary Page	
Cancellations:										
<b>TOTAL</b>									Please transfer total for CANCELLATIONS to Summary Page	
Changes to Existing Enrollment:										
<b>TOTAL</b>									Please transfer total for CHANGES to Summary Page	

If you have questions, please call the telephone number on your invoice.  
**Please return with the summary page and payment.**