



Group Administrator Information Change Form

This form should be used in the event you wish to make a change to employee Family or Employment Status.

Account Holder (Please Print)				
Name: _____				
Address _____	City: _____	State: _____	Zip: _____	
Account Number: _____	SSN: _____	Phone: _____		
Employer Name: _____				

Change of Family Status
Change from Single to Family: _____ Date: _____ Dependents Added (include name and social security number): _____
Change from Family to Single: _____ Date: _____

Change of Employment Status	
New Employee: _____ Single _____ Family _____	Hire Date: _____ Date Program Benefits are effective: _____ First paydate for benefit contributions: _____
Temporary Lay Off: _____	Date of Layoff: _____ Date Returning to work: _____
Termination of Employee: _____	Date Program Benefits terminated: _____ Last paydate for benefit contributions: _____
COBRA Election: _____ Yes _____ No	Date COBRA benefits terminated: _____
Termination of HSA/HRA Benefits: _____	Last paydate for benefit contributions: _____

Authorized Signature: _____ **Date:** _____

Mail to: **Kereon HSA, Inc., 13700 Watertower Circle, Ste D, Plymouth, MN 55441** or Fax to: **(763) 383-4880**