



MEMBER CHANGE FORM

Alliant Health Plans • PO Box 1128 • Dalton, GA 30722 • Phone: (866) 403-2785 • Fax: (706) 229-6290 • Email: Eligibility@AlliantPlans.com

If the Group manages eligibility by 834/EDI file, eligibility changes cannot be made using this form. Changes must be added to the next file feed.

Group Name: _____ **Group Number:** _____ **Phone:** _____
Email: _____ **Prepared By:** _____ **Date:** _____

Employee names and Member IDs should always be entered.				DEPENDENT INFORMATION				Term Reason/Remarks/Account Changes Write the new information for address, phone, email and other coverage.	
Employee Name	Employee Member ID	Transaction Code	Effective/Term Date	Cobra Qualifying Event	Dependent Name	Transaction Code	Effective/Term Date		Cobra Qualifying Event
	AM								
	AM								
	AM								

***Transaction Code:**

N = New enrollment or dependent addition (requires a signed, fully-completed enrollment form)
T = Termination of employment (effective date is last day of coverage)
C = Change/cancel coverage (describe change in remarks section)
D = Active employee chooses to drop coverage (includes Medicare)

***Cobra Qualifying Event:**

1 = Termination of employment
2 = Voluntary resignation
3 = Reduction of hours
4 = Divorce
5 = Ineligible dependent child

Attestation:

Please sign to attest this information was verified by the employer.

Company Representative/Broker Signature

NOTES:

New Employees

- Submit enrollment within 31 days of Open Enrollment date or waiting period, as applicable.

Qualifying Life Event (QLE)

- Policy changes for a QLE requires documentatiuon
For Example: marriage = marriage certificate; divorce = divorce decree; loss of coverage = Certificate of Coverage from previous carrier
- Submit enrollment within 60 days of the QLE

Federal COBRA

- If Alliant does not administer federal COBRA, the employer is responsible for initiating the coverage offer.

Member Change Form

- Allow 3–5 days for processing.
- Adjustments will be reflected on the next Billing Statement. Please do not mail this form with your premium payment or adjust your invoice Total Amount Due.
- Member Change Forms submitted by email will receive an email confirming receipt. If you do not receive confirmation by email within 2 days, please notify us at Eligibility@AlliantPlans.com

Email completed SimpleCare Member Change Form to Eligibility@AlliantPlans.com or Fax to (706) 229-6290.