



# GROUP ADMINISTRATION FORM

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

**Group Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_ **Prepared By:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

EMPLOYEE INFORMATION				
Employee name and Member ID should <u>always</u> be entered.		Transaction Code*	Effective/Term Date	**Cobra Qualifying Event
Employee Name	Employee Mbr ID			
	AM			
	AM			
	AM			

DEPENDENT INFORMATION				
Dependent Name	Transaction Code*	Effective/Term Date	**Cobra Qualifying Event	***Changes/Term Reason/Remarks (see keys below)

**\*Transaction Code Key:**

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 (describe change in remarks section)
D = Active employee chooses to drop coverage (includes Medicare)

**\*\*Cobra Qualifying Event Key:**

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

Please sign attesting that this information has been verified by the employer.

\_\_\_\_\_  
*Company Official*

**\*\*\*Changes:** Please provide new information for the following types of changes: PCP, address, phone and other coverage.

**NOTE:** The addition of dependents due to a Qualifying Event (marriage, divorce, birth, loss of previous coverage) requires supporting documents such as marriage certificate or divorce decree. Please provide name and phone number of prior employer for enrollment due to loss of employment.

**Enrollments must be submitted within 31 days of the date of the Qualifying Event.** If Alliant does not administer federal COBRA, the employer is responsible for initiating the coverage offer.

**Please do not mail this form with your premium payment nor adjust your invoice "Total Payment Due" amount. Adjustments for the changes you submit will be reflected on the next Billing Statement. Allow 3–5 days for processing. For assistance, call 866-403-2785.**

**Fax completed Group Administration Form to (706) 229-6290 or email to Eligibility@AlliantPlans.com.**  
*We will acknowledge receipt of this form. If you do not receive confirmation of receipt within 2 business days, please notify us at Eligibility@AlliantPlans.com.*