Membership Report
Additions, Cancellations, and Changes

An Independent Licensee of the Blue Cross and Blue Shield Association

To: HMSA
Membership Services
P.O. Box 860
Honolulu, HI 96808-0860
Phone: (808) 948-6376 or 1 (800) 316-4672
Email: GroupInquiry@hmsa.com Fax: (808) 948-6614

Date: _____

From: _____ Group no.: _____
(Company or group)

Address: _____ Phone: _____

HMSA Subscriber ID No. (Present or former)	**Employee's Name** (Last name, first name)	**Dependent's Name** (Last name, first name)	**Benefit(s) Elected**	**Effective Date** (MM/DD/YY)	**Action Requested** (See Basic Enrollment Guidelines for information)

- **Please include an enrollment form for each new member with this report. Check to see that the information on the enrollment form and membership report is consistent. If there's a difference, we'll use the information on the enrollment form.**
- **We reserve the right to set the effective date for benefits.**
- **Use this form as often as needed to report cancellations immediately.**
- **We can't accept cancellations that have been back-dated for credit.**

Signature: _____
(Report must be signed by group leader or authorized person)

Print name: _____

See the other side for enrollment and cancellation guidelines.

Basic Enrollment Guidelines

- Employees are eligible for enrollment only on the first of the month after employment starts or on the first of the month after completing four consecutive weeks of working 20 hours or more per week. Employees who don't enroll when first eligible may be added only during the annual open enrollment period unless they're losing other coverage.
- Employees adding dependents because of marriage, birth, or adoption must do so within 30 days of the marriage, birth, or adoption. Dependents who aren't enrolled when they're first eligible may be added during the annual open enrollment period only.
- Only eligible employees can be enrolled in the plan.
- An enrollment form must be submitted for each employee and dependent enrollment request.
- If you have questions, please call (808) 948-6376 or 1 (800) 316-4672. You can also contact your HMSA account representative.

Cancellation Guidelines

- Cancellation will take effect the first day of the month after the employee's last paid to date or the first day of the month after receipt of this request, whichever is earlier.

Action Requested - Use this section for explanations and reasons for requesting action to:

- Add a new employee when initially eligible: Write "New employee hired on **[date]**."
- Add a new employee after initial eligibility:
  - If adding employee due to change in status, write "Part time to full time on **[date]**."
  - If adding employee due to losing other coverage, write "Spouse losing coverage due to termination on **[date].**"
- Add an employee's spouse and/or children:
  - If adding a spouse due to marriage, write "Adding spouse - marriage date **[date]**." (Please submit an enrollment form with dependent's information.)
  - If adding children, write "Adding dependent." (Please submit an enrollment form with dependent's information.)
  - If adopting children, write "Adding dependent." Submit court documents (Petition for Adoption or the Final Decree) with the Membership Report. (Please submit an enrollment form with dependent's information.)
  - For additions to HMO plans, please choose a health center and primary care provider.
- Cancel account: Write "Cancel employee - left employment/deceased/request **[date]**." This request will cancel the employee and all dependents covered with the employee.
- Cancel spouse and/or children: Write "Cancel dependent."
- Change benefits: Write "Changing from **[old benefits]** to **[new benefits]**."
- Transfer groups: Write "Transferring from group # **[old group #]** to group # **[new group #]**."
- Change department: Write "Changing from department # **[old department #]** to department # **[new department #]**."