

GUIDE TO FILLING OUT FORMS

TO ENROLL AS A NEW CHURCH:

- Employer Certification Form
- Employer Bank Authorization Form
(include copy of voided check)
- Enrollment and Change Form

TO ENROLL AN EMPLOYEE (new hire, loss of other coverage, part-time to full-time status, etc.):

- Employer Certification Form
- Enrollment and Change Form

TO TRANSFER AN EMPLOYER FROM ONE EMPLOYER TO ANOTHER (UNDER ALLIANCE HEALTH PLAN):

- Form to End Active Coverage (from previous employer)
- Employer Certification Form (from new employer)
- Employer Bank Authorization Form
(include copy of voided check)
- Enrollment and Change Form

TO END COVERAGE FOR AN EMPLOYEE:

- Form to End Active Coverage (to be completed by employer)

TO ADD OR DELETE A DEPENDENT:

- Enrollment and Change Form
(employer signature required)

TO REQUEST A BANK CHANGE:

- Employer Bank Authorization Form
(include copy of voided check on new account)

TO REQUEST AND ADDRESS CHANGE:

- Enrollment and Change Form
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