Membership Report
Additions, Cancellations, and Changes
For Existing HMSA Groups

HMSA
Blue Cross Blue Shield of Hawai'i
An Independent Licensee of the Blue Cross and Blue Shield Association

To: HAWAI'I MEDICAL SERVICE ASSOCIATION
Membership Service Department
P.O. Box 860
Honolulu, HI 96808-0860
Telephone: 948-6376 on Oahu

Date: _____

From: _____ Group Number: _____ - _____ - _____
(Name of company or group)

Address: _____ Phone Number: _____

HMSA NUMBER (Present or former)	NAME OF EMPLOYEE (Last name, first name)	PKG #	DEPENDENT'S NAME (Last name, first name)	DEPENDENT'S BIRTHDAY	SEX M or F	EFFECTIVE DATE (MM/DD/YY)	ACTION REQUESTED **HMO plans:** Please indicate desired health center and primary care provider (subject to HMSA approval)

- **An enrollment form for each new employee must accompany this report. Ensure the information on this report is consistent with accompanying enrollment forms. In the case of a difference, the demographic information on the enrollment form will take precedence.**
- **HMSA reserves the right to establish the effective date of coverage.**
- **Report cancellations immediately and as often as necessary using this form.**
- **HMSA will not accept cancellations that have been back-dated for credit.**

Signed _____
(Report must be signed by group leader or authorized person.)

Print Name _____

See reverse side for enrollment and cancellation guidelines.

(00) AMS 4000-1942 PAB1 7:12 EI

BASIC ENROLLMENT GUIDELINES

- Employees are only eligible for enrollment on the first of the month following employment or on the first of the month following completion of four consecutive weeks of 20 hours or more of employment. Employees not enrolled when first eligible may be added only during the annual open enrollment period unless they are losing other coverage.
- Employees requesting to add dependents because of marriage, birth, or adoption must do so within 30 days of the marriage, birth, or adoption. Dependents not enrolled when first eligible may be added only during the annual open enrollment period.
- Only eligible employees can be enrolled in the plan.
- For assistance, call 948-6376 on Oahu or your HMSA account representative.

CANCELLATION GUIDELINES

- Cancellation will be effective the first day of the month after receipt of this request.

ACTION REQUESTED - Use this section for explanations and reasons for requesting action to:

- Add New Employee when Initially Eligible: Write "New employee hired on __(date)__."
- Add 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 Spouse and/or Child(ren):
  - If adding a spouse due to marriage, write "Adding spouse - marriage date __(date)__." Include date of birth under Dependent's Birthday column.
  - If adding child(ren), write "Adding dependent." Include date of birth under Dependent's Birthday column.
  - If adopting child(ren), write "Adding dependent." Submit court documents (Petition for Adoption or the Final Decree) with the Membership Report. Include date of birth under Dependent's Birthday column.
  - For additions to HMO plans, please indicate desired health center and primary care providers.
- 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 Child(ren): Write "Cancel dependent."
- Change Package Number: Write "Changing *from* package #__(old package #)__ *to* package # __(new package #)__. "
- Transfer Groups: Write "Transferring *from* group/subgroup #__(old group #)__ *to* group/subgroup # __(new group #)__. "
- Change Department: Write "Changing *from* department #__(old department #)__ *to* department # __(new department #)__. "