

**STATUS CHANGES**

The Paul Revere Life Insurance Company
P.O. Box 15123, Worcester, MA 01615-0123

STATUS CHANGE CODES

S = Salary change
T = Termination
C = Class Change
A = Account Change
L = Layoff/Leave of Absence

N = Dependents No
Longer Eligible
D = Deceased
O = Other

SALARY MODES

H = Hourly (*indicate hours worked per week*)
W = Weekly
B = Bi-Weekly
M = Monthly
S = Semi-Monthly
A = Annually

GROUP NAME _____

GROUP NUMBER(S) _____

ACCOUNT NUMBER(S) _____

Signature of Authorized EMPLOYER REPRESENTATIVE

TELEPHONE NUMBER

DATE

EMPLOYEE NAME	Member Number or Social Security Number	Effective Date of Change	Change Code	New Account or Class	New Salary	Salary Mode	Comments:

- TO REPORT BENEFICIARY OR DEPENDENT COVERAGE CHANGES, COMPLETE FORM 2508.
- ALL CLAIMS WILL BE PAID BASED ON EARNINGS AS LAST REPORTED TO THE PAUL REVERE LIFE INSURANCE COMPANY BY THE EMPLOYER AND VERIFIED BY THE PAUL REVERE LIFE INSURANCE COMPANY. THE EARNINGS AMOUNT USED TO CALCULATE THE TOTAL DISABILITY AMOUNT MUST HAVE BEEN REPORTED BEFORE THE DISABILITY BEGINS.
- **FOR TIMELY CLAIMS PROCESSING AND PREMIUM ADJUSTMENTS, CHANGES MAY BE FAXED TO: (774) 437-7082.**