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Group no. and section	Group name	Payment for month of
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Were applications and changes previously submitted?

Yes No

If no, please attach all applicable applications and changes to this reconciliation.

*** Reason codes**

B = benefit changes N = new employee S = spousal coverage
 L = left employ O = over age 65 coverage W = waiver of premium
 M = marital status R = rate adjustment

Starting amount from statement of account

(please check the appropriate amount)

Basic rate due

Current amount due

Total amount due \$

Add total increases (+) \$

Subtract total decreases (-) \$

Total amount of payment (=) \$

Comments

Details of increases and decreases

Plan member name	Class and coverage no.	Amount increased (+)	Amount decreased (-)	Reason code *
Totals		\$	\$	

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