



**EBF Member Plus
Add / Delete Form**

Group Number

Month of

Date

Termination Key

Retirement = RET	COBRA = COB
Leave without pay = LEA	Layoff = LAY
Termination of Employment = TRM	Death = DTH
Cancellation = CAN	

First Name, MI, Last Name	Address (Street, City, State, ZIP)	SSN 000-00-0000	Member or Guest*	Coverage Type**		Effective Date	Termination Date	Reason for Termination
				Dental	Vision			
			<input type="checkbox"/> Mem <input type="checkbox"/> Guest	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind			
			<input type="checkbox"/> Mem <input type="checkbox"/> Guest	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind			
			<input type="checkbox"/> Mem <input type="checkbox"/> Guest	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind			
			<input type="checkbox"/> Mem <input type="checkbox"/> Guest	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind			
			<input type="checkbox"/> Mem <input type="checkbox"/> Guest	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind			
			<input type="checkbox"/> Mem <input type="checkbox"/> Guest	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind			
			<input type="checkbox"/> Mem <input type="checkbox"/> Guest	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind	<input type="checkbox"/> Family <input type="checkbox"/> Two <input type="checkbox"/> Ind			

The *Add / Delete Form* should be used to report eligibility or termination information for the employee only. **A universal enrollment form must be completed by the member** and sent in to activate the coverage. The universal enrollment form can be completed online or a copy can be downloaded from www.cseabf.com. Members and Guest employees must maintain coverage for a minimum of 12 months unless a qualifying event has occurred.

*Guests include non-bargaining unit employees who receive a paycheck from your group. (i.e. management confidential, etc...)

www.cseabf.com
 800-323-2732

Previous Month's Total	Additions	Deletions	New Total for Month	Rate	Amount Due