Department of Employee Trust Funds
801 W. Badger Road
P.O. Box 7931
Madison, Wisconsin 53707-7931

# GROUP HEALTH INSURANCE
# MONTHLY CHANGES REPORT

Wis. Stat. § 40.06

| Employer Name | Employer Number | Group # | Carrier Suffix | Deduction Month | Coverage Month |
|---|---|---|---|---|---|
| | 69-036- | | | | |

| | | | | TYPE OF CONTRACT | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | FROM | | | | | | | TO | | | | | | | | |
| | | | | Regular Plan | | | | Medicare Supplement | | | Regular Plan | | | | Medicare Supplemental | | | PREMIUM ADJUSTMENT PREVIOUS MONTH(S) (List individual months) | |
| Enrollment Type | Employee Type | Name Last, First, Middle I. | Social Security No. | Effective Date of Change | Single | Family | Grad Single | Grad Family | Single Med. | 2 Med. Elig. | 1 Med. Elig. | Single | Family | Grad Single | Grad Family | Single Med. | 2 Med. Elig. | 1 Med. Elig. | Month | Amount |
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| TOTAL CHANGES (Post to Monthly Coverage Report: Decreases to Line 5, increases to Line 4) | | | | | | | | | | | | | | | | | | | | |
| | | | | | (LINE 5 – DECREASE) | | | | | | | (LINE 4 – INCREASE) | | | | | | | | |