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	EIN	Agency No.	Group No.	Carrier Suffix	Deduction Month	Coverage Month

					TYPE OF CONTRACT																
					FROM							TO									
					Regular Plan				Medicare Supplement			Regular Plan				Medicare Supplemental					
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.	PREMIUM ADJUSTMENT PREVIOUS MONTH(S) Month	PREMIUM ADJUSTMENT PREVIOUS MONTH(S) Amount
TOTAL CHANGES		(Post to Monthly Coverage Report: Decreases to Line 5, increases to Line 4)																		
					(LINE 5 – DECREASE)							(LINE 4 – INCREASE)								