



Enrollment Change Form

Employee Benefits Center, LLC
58 Washington Street
Saratoga Springs, NY 12866
Tele: (518) 587-5252 | Fax: (518) 587-4713

Group Number:

Company Name:

GBA Signature:

Name	SS#	Carrier	Event	Date Eff.
	- -			/ /
	- -			/ /
	- -			/ /
	- -			/ /
	- -			/ /
	- -			/ /

Subscriber Signature (If necessary): _____

Event Key:

Termination = **T**

Termination of Cobra = **CT**

**Please submit all
Enrollment inquires to:**

Employee Benefits Center
58 Washington Street
Saratoga Springs, NY 12866

Tel: (518) 587-5252
Fax: (518) 587-4713