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Prudential

ROSTER ADJUSTMENT FORM

Client Name:
Control Number:
Bill Group:
Member Group:

Instructions: Please complete all fields to accommodate requested Eligibility Changes. Refer to your Premium Remittance Report instructions for submitting Eligibility to Prudential.

Last Name	First Name	Employee ID	Eligibility Activity (Add/Term/ Reinstate/ Change)	Effective Date of Eligibility Activity	Products	Date of Birth	Date of Hire	Volume/Salary

Form Completed By:_____Date_____/_____/_____

Phone number

(_____)_____-_____

GI ED. 12/2007