CHANGE SHEET

Please attach original enrollment card for Adds and Changes.
Please attach copy of COBRA form for COBRA Continuees.

F = Family S = Single
A = Add T = Term C = Change

TPA OF GEORGIA
PO Box 2639 • Lilburn, GA 30048 • 770-451-7550

Group Name			Date	
Employee Name	Coverage Type *(F or S)*	Add, Term or Change *(A, T or C)*	Type of Change *(F to S, S to F, or COBRA)*	Term Date