

ADJUSTMENT REPORT

Total Pages FAXED _____

NOTE:

A Group Change Request Form should be used to complete name, beneficiary, marital or dependent status changes. The Group Change Form is provided in your Administration Guide. Please do **not** use this Adjustment Report for such changes.

Group Name/ID Lindsey Wilson University/ Lindsey19	Billing Location Account No.	Prepared By and Date
Group Street Address (If new, check box <input type="checkbox"/> 210 Lindsey Wilson St	City, State and Zip (If new, check box <input type="checkbox"/> Columbia, KY 42728	Area Code & Phone No. (If new, check box <input type="checkbox"/> 270-384-8203

ADDITIONS:

Please submit an Enrollment Form for each new hire. Also, please submit an Evidence of Insurability Form if required by the policy contract. Do **not** begin payroll deductions until your office has received written approval from *Lincoln Financial Group*. Rehired employees must complete and submit a new Enrollment Form which notes the rehire date. Employees electing COBRA must complete and submit a COBRA Form.

CHANGES:

Certificate No. or Social Security No.	Last Name, First & MI	Revised Annual Salary (Do not use Benefit Amount)	Other Change Class, Division, etc.		Date of Change MO/DAY/YR
			From	To	

TERMINATIONS:

Certificate No. or Social Security No.	Last Name, First & MI	Date of Termination MO/DAY/YR	Coverage(s)	Reason or Comments

Please submit enrollment changes to *The Lincoln National Life Insurance Company* on a monthly basis. An adjustment report should be mailed at least 10 days **prior** to the premium due date to ensure that the changes will appear on the next regular bill. For assistance, please contact our Customer Service Center. Dial 1-800-423-2765.

Employee Signature _____

Date _____