



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

GROUP REMITTANCE REPORT CHANGES ONLY

DISTRICT NAME: _____ FOR THE MONTH OF: _____ COMPLETED BY: _____													
CHANGE DATE	SOCIAL SECURITY #	LAST NAME,	FIRST NAME		REASON CODE	CLASS CODE	HEALTH PLAN NAME	HEALTH RATE	DENTAL PLAN NAME	DENTAL RATE	VISION PLAN NAME	VISION RATE	LIFE INSURANCE RATE
				FROM									
				TO									
				FROM									
				TO									
				FROM									
				TO									
				FROM									
				TO									
				FROM									
				TO									

NOTE: CHANGES IN DEPENDENT STATUS - REQUIRES A SIGNED ENROLLMENT FORM ONLY.

REASON CODES

300: REDUCTION IN HRS	700: CHANGE IN CLASSIFICATION
400: OPEN ENROLLMENT	800: INCREASE IN HRS
500: RETIREE (CHANGE TO 05)	900: CHANGE IN PLAN

CLASSIFICATION CODES

01: CERTIFICATED	04: TRUSTEES
02: CLASSIFIED	05: RETIREE
03: MANAGEMENT/CONFIDENTIAL	