

# Administrative Action Form

(for broker of record clients only)

Used to report new hires, benefit eligibility changes, and terminations.  
CRB will then initiate applicable paperwork.



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<b>Group (Company) Name:</b>	<b>Date of Completion:</b>
<b>Group Contact:</b>	<b>Telephone Number:</b>
<b>Group Contact Title:</b>	<b>Email Address:</b>
<b>Contact Signature:</b>	

## NEWLY HIRED EMPLOYEES

Name (Last, First, MI)	Social Security Number	Date of Birth	Hire Date	Status (PTE, FTE, Seasonal, Temporary)	Class, (Division, Center, etc.)

\* Please attach a copy of the carrier-specific enrollment form(s).

## ACTIVE EMPLOYEE ELIGIBILITY CHANGES

Name (Last, First, MI)	Social Security Number	Date of Birth	Qualifying Event Date	Reason (explain where appropriate)				
				Birth or Adoption	Marriage, Divorce or Death	Loss of Other Coverage	Status Change (PTE to FTE, reduction in hours, FMLA)	Request Coverage Termination

\* Please attach a copy of the carrier-specific enrollment form(s).

## EMPLOYMENT TERMINATIONS ONLY

Name (Last, First, MI)	Social Security Number	Date of Birth	Emp. Term Date	Coverage Term Date	Federal and PA Mini-COBRA: Employers are responsible for notifying former employees of their right to elect COBRA continuing health coverage under a group plan.  If CRB provides COBRA administrative services, please attach a completed COBRA Continuation Services Qualifying Event Form.

## COMMENTS

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