



Flexible Benefits Plans

MAIL TO: Flexible Benefits Plans Inc
 P.O. Box 873
 Valley Forge, PA 19482-0873
 Fax # (610) 482-1801

Enrollment Report: Additions, Changes and/or Removals

FBP Account Number _____ Group Name _____

Group Address _____ City _____ State _____ Zip Code _____ Authorized By _____ Phone # (____) _____

*** IMPORTANT - Completed Group Application/Change Form must be enclosed with this report**

Name (please print or type)	Members SS #	FBP only	Effective date MM DD YY	Add* Member	Add* Dependent	Term Member	Term Dependent	Change	Transaction Remarks
1.			__ / __ / __						
2.			__ / __ / __						
3.			__ / __ / __						
4.			__ / __ / __						
5.			__ / __ / __						
6.			__ / __ / __						
7.			__ / __ / __						
8.			__ / __ / __						

Total number of items you are reporting =