



Account Adjustment Form

(Terminations/Deletions, Address Changes, Contact Info Changes)

Please use this form to submit any account changes. This includes termination requests for an active employee or deletion of a covered member/dependent or alterations in contact information for your account. Questions? Call Member Services dept. at 1-866-747-8422.

Account change notifications MUST be reported prior to the 15th of each month.

	Terminate	Name Change	Address Change	Date of Birth	Missing Info	* Member ID Number	Employee Full Name	Updated Information/Reason for Termination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

To add a new employee/member, DO NOT USE THIS FORM. Please contact the Enrollment Department: 212-747-0877

* Employer Name: _____

* Account No.: _____

* Employer Signature: _____

* Date: _____

* Required Information

SEND TO: Atlantis Health Plan, 90 Matawan Road Suite 240, Matawan NJ, 07747

FAX TO: 732-393-7200