



Account Adjustment Form

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

Please use this form to submit any account changes, including termination requests for an active employee, deletion of a member/dependent or alterations in contact information. Questions? Call Member Services at 1-866-747-8422. Terminations can also be sent to terminations@atlantishp.com.

Thirty days written notice should be given for account changes.

	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 Dept. at 1-866-747-8422.

* Employer Name: _____

* Account No.: _____

* Employer Signature: _____

* Date: _____

*Required Information

SEND TO: Atlantis Health Plan, 90 Matawan Road Suite 204, Matawan NJ, 07747
FAX TO: 732-393-7200