



ClaimLinx
 10260 Alliance Road
 Suite 130
 Cincinnati, OH 45242
 (513) 677-6262 or (800) 858-1772 Phone
 (513) 677-6263 or (800) 858-1913 Fax
 www.claimlinx.com

MERP Client Processing / Change Request Form (fax cover sheet)

Date Fax Sent: Fax Sent from: <i>This is page 1 of _____ total pages being faxed.</i>	For Internal Use Only: TBA#: Date Received in office:
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Group Name (Employer): _____

Employee Name: _____	SS# _____
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***NEW EMPLOYEE –** Emp 105 Eff. Date _____
(attach MERP enrollment form & Medical Release form)
 *Request ID card & packet if this box is checked Applicant is in the TBA system. *(office use)*

Card Request Date Requested: _____ Date TBA Card Printed: _____
 TBA ID Card (Claimlinx Card)
 Total Script Group Rx Card– Emailed request to Total Script to add person/mail cards
 Apply for PBM Plus Group Rx– Faxed form to PBM Plus to add employee/dependents

Folder Request *(in office use)* Date Requested: _____ Date Made: _____
 TBA Packet Request Date Requested: _____ Sent out: _____

EXISTING EMPLOYEE 105 BENEFIT PLAN CHANGE: Eff. date of plan change: _____
 Attached is 105 enrollment form with pertinent information
 Add/Delete Prescription Add/Delete Dental Add/Delete Vison
(circle one) (circle one) (circle one)

ADD OR DELETE DEPENDENT Eff. date of add/delete _____ *(attach supplement app. if applicable.)*
(circle one)
 Dependent Name: _____ SS# _____ DOB _____
Circle one: Spouse or Child **Circle one:** Male or Female

Dependent Name: _____ SS# _____ DOB _____
Circle one: Spouse or Child **Circle one:** Male or Female

EXISTING EMPLOYEE STATUS CHANGE
 Terminated employment as of (date) _____
 Terminated 105 plan as of (date) _____ *(attach 105 termination form)*
 On Cobra as of (date) _____ Termed Cobra as of _____
 On Spousal Coverage as of (date) _____

EXISTING EMPLOYEE ADDRESS CHANGE (new address)
 Street Address _____
 City, State , Zip _____

For Agent/Administrator Use Only:
 Individual App: Carrier Name: _____
 Termination notice has been sent to carrier Date Sent: _____
 Group App: Carrier Name: _____
 Termination notice has been sent to carrier Date Sent: _____
 Termination notice has been done via Online Date Updated Online: _____
COMMENTS or Instructions: