
Appendix A: Eligible Claimant Information

This form constitutes an amendment as Appendix A to the PHSP agreement. Use this form to make any changes to the list of eligible claimants for your PHSP. Claimants can be any of the employee, the employee's spouse or any member of the employee's household with whom the employee is connected by blood relationship, marriage or adoption.

PHSP Planholder Name: _____

Add/Update Delete Eligible Date: _____ Class: _____

Name: _____

Postal Address: _____

Email Address: _____

Add/Update Delete Eligible Date: _____ Class: _____

Name: _____

Postal Address: _____

Email Address: _____

Add/Update Delete Eligible Date: _____ Class: _____

Name: _____

Postal Address: _____

Email Address: _____

Add/Update Delete Eligible Date: _____ Class: _____

Name: _____

Postal Address: _____

Email Address: _____
