



PLEASE COMPLETE AND REMIT THIS FORM WITH YOUR PREMIUM PAYMENT

# Employer Reconciliation Worksheet

Toll Free: 1-888-816-1300

P.O. Box 5728 • Portland, OR 97228

Group Number: \_\_\_\_\_ Subgroup Number: \_\_\_\_\_  
 Group Name: \_\_\_\_\_  
 Month/Year: \_\_\_\_\_ / \_\_\_\_\_

Ending Balance/Amount Billed  
 (from invoice):

Prior Unposted Payment:  
 Adj. Please Pay Balance:

|      |      |
|------|------|
| \$   | \$   |
| \$ < | \$ < |
| \$   | \$   |

CK#: \_\_\_\_\_

## A. NEW EMPLOYEES/ADDITIONS *(Include employee's SS #, name and effect date of coverage)*

|        |       |           |
|--------|-------|-----------|
| 1. SS: | Name: | Eff Date: |
| 2. SS: | Name: | Eff Date: |
| 3. SS: | Name: | Eff Date: |
| 4. SS: | Name: | Eff Date: |
| 5. SS: | Name: | Eff Date: |

|    |    |
|----|----|
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |

### Section A. Additions Subtotal:

|   |    |    |
|---|----|----|
| + | \$ | \$ |
|---|----|----|

## B. TERMED EMPLOYEES/DELETIONS *(Include employee's PHP member ID number, name, coverage term date and months being credited)*

|        |       |            |
|--------|-------|------------|
| 1. ID: | Name: | Term Date: |
| 2. ID: | Name: | Term Date: |
| 3. ID: | Name: | Term Date: |
| 4. ID: | Name: | Term Date: |
| 5. ID: | Name: | Term Date: |

|      |      |
|------|------|
| \$ < | \$ < |
| \$ < | \$ < |
| \$ < | \$ < |
| \$ < | \$ < |
| \$ < | \$ < |

### Section B. Terms/Deletions Subtotal:

|   |      |      |
|---|------|------|
| - | \$ < | \$ < |
|---|------|------|

## C. CHANGE OF STATUS *(I.e. family size change, payment error, etc; include effective date, employee's PHP member ID number and name)*

|          |          | (Billed at) | (Should be) |    |    |
|----------|----------|-------------|-------------|----|----|
| 1. Date: | ID/Name: | \$          | \$          | \$ | \$ |
| 2. Date: | ID/Name: | \$          | \$          | \$ | \$ |
| 3. Date: | ID/Name: | \$          | \$          | \$ | \$ |
| 4. Date: | ID/Name: | \$          | \$          | \$ | \$ |
| 5. Date: | ID/Name: | \$          | \$          | \$ | \$ |

|    |    |
|----|----|
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |

### Section C. Change of Status Subtotal: +/-

|    |    |
|----|----|
| \$ | \$ |
|----|----|

### TOTAL PAYMENT ENCLOSED:

(Total of Adj. Please Pay Balance & Sections A, B and C)

|    |      |      |
|----|------|------|
| \$ | \$ < | \$ > |
| \$ | \$   | \$   |

CK#: \_\_\_\_\_

Completed by (please print): \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Elig updated date:

Reconciled date:

Elig updated by:

Reconciled by:

# PROVIDENCE USE ONLY