



Forms Transmittal Sheet

(SHBP 66-010)

- Open Enrollment
- Open Enrollment Late Processing
- Outside Open Enrollment

Mail with attachments to:
State Health Benefit Plan
Eligibility Section
P.O. Box 1990
Atlanta, GA 30301-1990

Payroll Location Number				Transactions Reported		Number Submitted
				Terminations (Listed Below)		
Payroll Name				Coverage	Membership Forms (SHBP 66-090)	
					New Enrollment/Transfer Forms (SHBP 66-091)	
Person Submitting Transmittal					Notification of Return from LWOP Forms (SHBP 66-093)	
Phone Number				Total of Coverage Lines		
Date Submitted to SHBP	Month	Day	Year	Other	Declination Forms (SHBP 66-004)	
					Dependent Verification	
					Other Forms	

The following employees no longer have payroll deductions for health benefit coverage.							
Termination Code*	Social Security Number	Employee's Name			Date of Last Payroll Deduction		
		Last	First		Month	Day	Year

I do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1000 or imprisonment for not less than one and not more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

Employer Signature: _____ **Date:** _____

* Use these Termination Codes:	TERM - Terminated TRAN - Transferred Out DISC - Discontinued	LWOP - Leave without Pay RETR - Retired LOFF - Laid Off	DCSD - Death of Member RHRS - Reduced Hours KLOD - Killed in the Line of Duty
--------------------------------	---	--	--