



**Changes to the Bill**

\*\*\*\*\*Only Adjustment received **BEFORE** the 20<sup>th</sup> of the month will be reflected on your next billing statement\*\*\*\*\*

Pal # \_\_\_\_\_

Group Name \_\_\_\_\_

Employee's Name	Cert #	Class	Termination Date	Effective Date of Change	Updated Salary

**Address Changes:**
