Trustees of the Pennsylvania Municipal Authorities Association Insurance Fund

MONTHLY REPORT OF CHANGES IN GROUP INSURANCE

Administered by PMAA
Wormleysburg, PA

THIS FORM ONLY NEEDS RETURNED IF THERE ARE CHANGES TO YOUR POLICY

ADDITIONS & INCREASES						
Name of Employee	**Date of Employment**	**LIFE**	**AD&D**	**WDI**	**IHI**	**LTD**

TERMINATIONS & DECREASES						
Name of Employee	**Date of Termination**	**LIFE**	**AD&D**	**WDI**	**IHI**	**LTD**

Authority	
Signature of Authorized Representative of Authority	**Date**