Prudential

Roster Adjustment Form

Client Name **Client #**

Member Group/ Class#	SSN#^*	Last Name#^*	First Name#^*	Activity#^* (Add/Term/ Reinstate)	Eff Date#^* Of Change	Product(s)#^*	DOB#	DOH#	Annual Salary#*

 # Information needed for additions
^ Information needed for terminations
*** Information needed for salary changes**

Form Completed By :

___/___/___
Date

Client Representative

(_____) _____-_____ (Please Print)
Phone Number

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