

**REPORT ON CHANGE IN EMPLOYMENT STATUS  
PARTICIPANTS IN GENERAL SYNOD, ARPC INSURANCE PLANS**

NAME OF EMPLOYEE:	
SOCIAL SECURITY NUMBER:	
REASON FOR CHANGE:	
DATE OF CHANGE:	
DATE THROUGH WHICH EMPLOYER WILL PAY PREMIUMS:	
NAME OF PERSON REPORTING CHANGE:	
DATE CHANGE REPORTED:	

REPORT CHANGES TO:                      GROUP INSURANCE  
ASSOCIATE REFORMED PRESBYTERIAN CENTER  
1 CLEVELAND STREET, STE 110  
GREENVILLE, SC 29601-3696

To Submit by Email, attach file to email to [ehogan@aprsynod.org](mailto:ehogan@aprsynod.org) .