Landmark Healthplan of California, Inc.
P.O. Box 981809
El Paso, TX 79998
Phone: (800) 298-4875
Fax: (916) 646-1263
https://securemail-evicore.com/
Submit to: GroupServices@evicore.com

Enrollment Change Form

Employer Group _____

PLEASE PRINT ALL INFORMATION

Group Number _____

ADDITION OF NEW EMPLOYEES

Submit a Landmark Enrollment Form or Major Medical Carrier Enrollment Form and fax it to the Enrollment Department at 916-646-1263 for immediate processing.

DELETE TERMED EMPLOYEES

Employee Name	Employee SSN	# Covered	QE Date	Effective Date

DEPENDENT CHANGE *(Copy of medical insurance change form may be required)*

Employee Name	Employee SSN	Add / Term	Dependent Name and DOB	Effective Date

EMPLOYEES AND/OR DEPENDENTS ENROLLING IN COBRA

Employee Name	Employee SSN	# Covered	QE Date	Effective Date