

Large or Small Employer (Existing)

Health Plan Change Request

Employer name _____

Parent group number _____ Effective date of change _____

Complete any change(s) that apply and sign below.

Demographic change:

Employer name _____

Contact: Primary Billing _____ Access to online and billing reports: Yes No

Email _____ Phone _____

Physical address (PO Box not accepted): Street _____

City _____ State _____ ZIP _____ County _____

This address is also used for: Mailing Billing

If mailing and/or billing is different, indicate below

Add domestic partner coverage (see criteria on amendment):

Type of coverage: Same gender and opposite gender Same gender only

Eligible dependent children of domestic partner: Yes No

Employer can change a waiting period once per benefit year. Changes can be made at the renewal or off renewal. Changes off renewal must be communicated by the employer to the employees 60 days prior to the effective date of the change per Section 102 of the Employee Retirement Income Security Act of 1974 (ERISA).

Waiting period change:

Immediately First of the month following date of hire 30 days First of the month following 30 days

60 days First of the month following 60 days 90 days

Recall period change:

Following original waiting period First of the month following return to work Immediately following return to work

Requested termination of coverage:

End of month in which employment terminates End of day that employment terminates

Employer premium contribution change:

Provide your contribution for each of the following coverages. If no contribution, please provide \$0 or 0%. **(Note that the minimum contribution for employees is 25%):**

Employee _____ Spouse _____ Child(ren) _____

Employer representative signature _____ Position/Title _____ Date (month/day/year) _____

Security Health Plan (Internal Use Only)

Effective date (month/day/year) _____

Approval signature _____ Date _____ / _____ / _____

Return this form via email to your account manager or fax to 715-221-9456.