

GENERAL UPDATE CHANGES FOR SMALL GROUP FORM

Please check request and complete required information below.

This form should not be used for product changes.

- ADDRESS CHANGE *(Physical address changes must be submitted using the Client Change Letter of Explanation Template)*
 CONTACT CHANGE

AGENCY		AGENT NAME	
PHONE	FAX	EMAIL	

CLIENT NAME		
CLIENT # / GROUP #(s)		
CHANGE EFFECTIVE DATE <i>(IMPORTANT: Effective date of the change will be the first day of the following month.)</i>		
ONE CONTACT ONLY for General, Contract Signor and Benefit Administrator categories. Multiple contacts may be added for all others, if needed.	ADDRESS UPDATE Check which contact needs to be updated: <ul style="list-style-type: none"> <input type="checkbox"/> Contract Signor <input type="checkbox"/> Benefit Administrator <input type="checkbox"/> Billing <input type="checkbox"/> Correspondence <input type="checkbox"/> Spending Account 	LIST NEW ADDRESS IN FULL ADDRESS CITY STATE ZIP EMAIL PHONE FAX
	NEW CONTACT NAME & TITLE Check which contact needs to be updated: <ul style="list-style-type: none"> <input type="checkbox"/> General <input type="checkbox"/> Contract Signor <input type="checkbox"/> Benefit Administrator <input type="checkbox"/> Billing <input type="checkbox"/> Correspondence <input type="checkbox"/> Spending Account 	LIST NEW CONTACT NAME & TITLE IN FULL CONTACT NAME TITLE PHONE <i>(Do not complete if you checked General)</i> FAX <i>(Do not complete if you checked General)</i> EMAIL <i>(Do not complete if you checked General)</i>

IMPORTANT: Changes to a Spending Account contact MUST include the HRA/HSA application and DCF form for user access if the new contact is not already listed on the application.

ADDITIONAL UPDATES OR COMMENTS