

## Client Change Letter Of Explanation (template) Checklist

**Note\*\*** certain changes may require Underwriting review, additional documentation to validate compliancy with the Underwriting Guidelines and may only be made at a client's renewal. Please refer to our Underwriting Guidelines for policy and procedures or reach out to your Sales department.

Submit on Company Letterhead

Eligibility Requirements (*may only be updated at renewal. Off-cycle requests will be forwarded to Underwriting by the Sales team*)

Updated at renewal

Change details listed

Demographic Changes

List the requested eff date of the change

Check 'Other' if the group name or physical address is **not** due to an ownership, EIN or business structure change

Check if the address change is applying to all contact types

Provide a detailed reason under the 'Change Details' for any and all changes

Signature Section (*by an authorized representative*)

Print name

Sign name

Date

Email

Phone number

Date: \_\_\_\_\_

Client #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Dear Highmark,

**Please update the below eligibility requirement(s)\***

Probationary Period  
(may not exceed 90 calendar days)

Probationary period for new employees.

Eligibility Hours

Please choose only one option:

**Dependent (check any/all that apply)**

No longer offer eligible dependent coverage

Hire date

First Day Following:

Hire Date  30 Days  60 Days  90 Days

Make coverage available to

Domestic Partner

First Day of Next Month Following:

Act 4 dependents

Hire Date  30 Days  60 Days

**Change Details:**

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**\*Eligibility requirements may only be updated at renewal. Off-cycle requests will be forwarded to Underwriting by the Sales team.**

**For the below changes we understand that Underwriting may request additional documentation to validate compliancy with the Underwriting Guidelines regarding the specific change.**

Eff date: \_\_\_\_\_

Group Name

Physical Address

Physical Address and all contact types

**Our Group Name and/or Physical Address change is due to one of the below.**

EIN

Ownership

Business Structure

Other

**Change Details (e.g., name, address, ownership/business structure, date sale/acquisition was finalized, enrollment increases/decreases, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Authorized Representative Name (Please Print)

\_\_\_\_\_  
Title

By typing your name on the signature line below, you understand that you are creating an electronic signature which has the same effect as a written signature, and you are representing that you have reviewed and submitted this form accordingly.

\_\_\_\_\_  
Signature (please hand sign if this is a paper request)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**Please return this document on your company letterhead to your Sales team.  
Any other updates not listed above may be submitted to your Sales team via email, fax or phone.**