

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)

Eligibility Hours

Dependent (check any/all that apply)

No longer offer eligible dependent coverage

Make coverage available to

Domestic Partner

Change Details:

***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.