

## 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	

<b>CLIENT NAME</b>		
<b>CLIENT # / GROUP #(s)</b>		
<b>CHANGE EFFECTIVE DATE</b> (IMPORTANT: Effective date of the change will be the first day of the following month.)		
<b>ONE CONTACT ONLY</b> for General and Contract Signor categories. Multiple contacts may be added for all others, if needed.	<b>ADDRESS UPDATE</b> <b>Check which contact needs to be updated:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Contract Signor</b></li> <li><input type="checkbox"/> <b>In Charge of Monthly Reports</b></li> <li><input type="checkbox"/> <b>Billing</b></li> <li><input type="checkbox"/> <b>Correspondence</b></li> <li><input type="checkbox"/> <b>Spending Account</b></li> </ul>	<b>LIST NEW ADDRESS IN FULL</b>  ADDRESS CITY STATE ZIP EMAIL PHONE  FAX
	<b>NEW CONTACT NAME &amp; TITLE</b> <b>Check which contact needs to be updated:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>General</b></li> <li><input type="checkbox"/> <b>Contract Signor</b></li> <li><input type="checkbox"/> <b>In Charge of Monthly Reports</b></li> <li><input type="checkbox"/> <b>Billing</b></li> <li><input type="checkbox"/> <b>Correspondence</b></li> <li><input type="checkbox"/> <b>Spending Account</b></li> </ul>	<b>LIST NEW CONTACT NAME &amp; TITLE IN FULL</b>  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>
<b>IMPORTANT:</b> 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**