

Group Change Notification

Complete and email this form to notify your Premera sales account team of requested group changes.

Group name	Group number
------------	--------------

Change type	Details of change requested
<p>Group and contact information – select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Group name <input type="checkbox"/> Office address (mailing or physical) <input type="checkbox"/> Phone number <input type="checkbox"/> Group contacts (producer, group administrator, vendors, other) 	<p>Provide change detail below.</p>
<p>Authorized recipient</p> <ul style="list-style-type: none"> • Producer • Group administrator • Vendors (TPA, or other) 	<p>Authorization for release of summary health information: Complete the authorization form linked below to update (add/remove/change) the designation of individuals authorized to receive the group’s summary health information. Email the completed form to your Premera sales account team.</p> <p>Authorization forms links:</p> <ul style="list-style-type: none"> • Insured Group • OptiFlex or Self-Funded Group
<p>Subgroup changes</p> <ul style="list-style-type: none"> • Add new subgroup • Update existing subgroup • Cancel existing subgroup 	<p>To add a new subgroup provide details below:</p> <p>Effective date of change:</p> <p>Subgroup name:</p> <p>Provide details below if new subgroup information differs from group details:</p> <p>Subgroup billing contact:</p> <p>Subgroup benefit contact:</p> <p>Subgroup billing address:</p> <p>Additional details:</p> <p>To update an existing subgroup provide details below:</p> <p>Effective date of change:</p> <p>Subgroup name:</p> <p>Details of change:</p> <p>To cancel an existing subgroup provide details below:</p> <p>Effective date of change:</p> <p>Subgroup name:</p>

Class eligibility and contributions

- Add new class
- Update existing class
- Cancel existing class

To add a new class provide details below:

Effective date of change:

Class name:

Probationary period:

Minimum hours worked per week:

Employer contribution:

Additional details:

To update an existing class provide details below:

Effective date of change:

Class name:

Details of change:

To cancel an existing class provide details below:

Effective date of change:

Class name: