

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 • Self-Funded or OptiFlex 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 the 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>

<p>Class eligibility and contributions</p> <ul style="list-style-type: none">• Add new class• Update existing class• Cancel existing class	<p>To add a new class provide details below:</p> <p>Effective date of change:</p> <p>Class name:</p> <p>Probationary period:</p> <p>Minimum hours worked per week:</p> <p>Employer contribution:</p> <p>Additional details:</p> <p>To update an existing class provide details below:</p> <p>Effective date of change:</p> <p>Class name:</p> <p>Details of change:</p> <p>To cancel an existing class provide details below:</p> <p>Effective date of change:</p> <p>Class name:</p>
---	--