



General Agency of Record Change Washington Small Group 1-50 Employees

Change Type (select one or both)	
<input type="checkbox"/> General agency change	Requested effective month of change – MM/DD/YYYY
<input type="checkbox"/> Producer change	

Request must be received 15 days prior to the 1st of the requested effective month.

Section 1	
Group name	Group effective date – MM/DD/YYYY
Group ID	

Section 2
General Agency (select one)
<input type="radio"/> Connexion <input type="radio"/> ProPoint <input type="radio"/> S4 Benefits

Section 3		
Producer	Agency	
Producer email	Producer phone number	
Agent ID	Agency ID	Date – MM/DD/YYYY

Sign and email to pbcsgsalessupport@premera.com.

Signature X _____	General Agency representative (print name)	
	Title	Date signed – MM/DD/YYYY

Note: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.