

Group Demographic Change and Benefit Plan Change Authorization Form



And Its Affiliate HealthKeepers, Inc.

INSTRUCTIONS

Please return this form to your Anthem sales representative or broker.

SECTION 1: GROUP INFORMATION

Group name

Effective date

Group no.

SECTION 2: I HAVE DEMOGRAPHIC CHANGES TO MY CURRENT PLAN. PLEASE UPDATE THE FOLLOWING:

Change group name to

Change phone no. to

Change group address to

Change primary group contact to

Change primary email address to

Add group contact

Other

SECTION 3: I HAVE PROBATIONARY-PERIOD/WAITING-PERIOD CHANGES TO MY CURRENT PLAN. PLEASE UPDATE THE FOLLOWING:

New hire

Date of hire (DOH)

First of month following 30 days

30 days

90 days

First of month following DOH

First of month following 60 days

60 days

Rehire

Date of hire (DOH)

First of month following 30 days

30 days

90 days

First of month following DOH

First of month following 60 days

60 days

SECTION 4: MEDICAL/VISION/DENTAL BENEFIT CHANGE AUTHORIZATION

Fill out this section if you would like to choose a plan that was not shown in your renewal options. Please note your benefit selection(s) below and you will be enrolled into your chosen Affordable Care Act-compliant plan(s).

If you want to accept the renewal coverage we already proposed, **no action is needed.**

I would like to make the following benefit plan change(s) during my renewal:

Current plan name	Current contract code	Renewal plan name	Renewal contract code

SECTION 5: EMPLOYEE BENEFIT PLAN CHANGES

I have employee benefit plan changes. (Fill out the grid on page 2 to make your employee benefit plan changes.)

NOTE: By completing this section, you are declaring that you have applications signed by your employees requesting a change.

SECTION 6: COMMENTS

SECTION 7: DISCLAIMER LANGUAGE

Please note: Beginning January 1, 2014, all health benefit plans must include coverage for 10 essential health benefits. All individuals enrolled in Small Group coverage outside the Health Insurance Marketplace (also known as the exchange) are required to have qualified pediatric dental coverage. If one or more of the selected plans don't have qualified pediatric dental coverage through a stand-alone dental plan certified by the Health Insurance Marketplace, Anthem will automatically enroll members in qualified pediatric dental coverage. The extra cost of this pediatric dental coverage will be added to the employer's billing statement.

Signature

Date

SECTION 8: EMPLOYEE BENEFIT PLAN CHANGES

#	Employee name	Contract code	#	Employee name	Contract code
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		