

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		1	EMAIL		
CLIENT NAME					
CLIENT # / GROUP #(s)					
CHANGE EFFECTIVE DATE (IMPORTANT: Effective date of the change will be the first day of the following month.)					
	ADDRESS UPDATE			LIST <u>NEW</u> ADDRESS IN FULL	
or others	Check which contact needs to be updated:			ADDRESS	
<u>ONE CONTACT ONLY</u> for General and Contract Signor categories. Multiple contacts may be added for all others, if needed.		Contract Signor		СІТҮ	
		In Charge of Monthly Reports		STATE	
				ZIP	
Cor add		Correspon		EMAIL	
h be	Spending Account		PHONE		
General (tacts may				FAX	
for	NEW CONTACT NAME & TITLE			LIST <u>NEW</u> CONTACT NAME & TITLE IN FULL	
ole d	Check which contact needs to be updated:			CONTACT NAME	
Itik Itik		-		TITLE	
. Mu		Contract S	ianor	PHONE	
<u>nn</u> ries ed.			of Monthly Reports		(Do not complete if you checked General)
ego eed		Billing		FAX	(Do not complete if you checked General)
ON cat		Correspon	dence	EMAIL	
		Spending	Account		(Do not complete if you checked General)

IMPORTANT: 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

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