



REQUEST FOR AMENDMENT TO SALES AGREEMENT (50 ELIGIBLE EMPLOYEES OR FEWER)
COMPLETE AND RETURN THIS FORM ONLY IF YOU ARE MAKING PLAN CHANGES.

Group Name: _____ (hereinafter referred to as “Group”)

Group Policy Number(s): _____

Effective Date of Amendment: ___ / ___ / _____

As an authorized representative of the above named Group, I request that the Sales Agreement on the above referenced group policy number be amended with the following changes:

INSTRUCTIONS TO COMPLETE FORM:

THIS INFORMATION MUST BE PROVIDED FOR EACH CHANGE IN ORDER FOR THIS REQUEST TO BE PROCESSED.

If you have any questions or need assistance, please contact your General Agent, Broker, or Small Business Sales Representative.

1. **RATES ARE EFFECTIVE:** Insert the effective dates.
2. **GROUP NUMBER(S):** Insert the group number(s) to be amended (found on your monthly bill).
3. **KEY CODE:** Insert “A” to Add a new health plan, “D” to Delete a current health plan, OR “R” to Retain a health plan.
 Insert “C” only if you are selecting calendar-year deductible (please refer to your Renewal Packet); otherwise leave blank.
4. **PRODUCT NAME:** Insert the product name being added, deleted, or retained (i.e. VantageBlue, Plan 65, Blue Cross Dental, etc.)
5. **PRODUCT DESCRIPTION:** Insert the product description being added, deleted, or retained (i.e. changes to your RX benefits (RX = \$10/35/60/100) or adding/deleting riders (vision rider, acupuncture rider, etc.) should be inserted in this block.
6. **MONTHLY PREMIUM PER SUBSCRIBER:** Insert the applicable rates (please refer to your Renewal Packet).

1. RATES ARE EFFECTIVE: ___ / ___ / _____ **through** ___ / ___ / _____

2. GROUP NUMBER(S)	3. KEY CODES A, D, R C	4. PRODUCT NAME	5. PRODUCT DESCRIPTION	6. MONTHLY PREMIUM PER SUBSCRIBER			
				ENROLLEE ONLY	ENROLLEE & SPOUSE	ENROLLEE & CHILDREN	ENROLLEE, SPOUSE, & CHILDREN
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$

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