

# Instructions for Filling Out **Amendment of Application:**

- 1** Complete group name and group number
- 2** Complete 'Section A' for physical and/or mailing address changes as well as medical and/or dental benefit changes including the effective date of changes
- 3** Complete 'Section B' if any of the following items are applicable:
  - If the group is adding any kind of coverage, employer contribution for the additional coverage must be provided here
  - Changes to employer contribution amounts are required to be listed here
  - If a group is making a benefit change, specifically off-anniversary, the effective date of rates must be specified here to identify that the effective date of change is different than the effective date of rates
- 4** If an authorized plan contact is being added to 'Section C', make sure to include the new contact's full name, phone number, email address, and whether the contact is a billing contact or a decision maker. If the new contact is a decision maker, make sure to include his or her title
- 5** Include group and broker signature in 'Section D'
- 6** Email the completed form to your designated account executive or account service representative by the 25th of the month prior to the renewal date. If the group is changing plan options, please include the SBC attachment page when emailing the completed form

---

The Group/Plan Administrator, on behalf of itself and any subgroups, acknowledges and agrees that it is responsible to provide notice of benefit, coverage or plan changes to enrolled employees, including persons on continuation coverage, prior to the effective date of such change(s).

---