

Small Group Contact/Address/Name CHANGE FORM



HEALTH REPUBLIC
INSURANCE OF NEW YORK

➡ Print legibly in black ink.

1. GROUP IDENTIFICATION

Group Name _____ Group Number _____

Please indicate change(s) to group information in the sections below.

If you have questions regarding this form, please contact Broker Support at 888-990-5702, #5.

Effective date of change: ____ - ____ - ____
(mm/dd/yy)

CHANGE IN GROUP'S PRIMARY BUSINESS ADDRESS:

Street Address _____

City _____ State _____ Zip _____ County _____

CHANGE IN GROUP'S BILLING ADDRESS:

Street Address _____

City _____ State _____ Zip _____ County _____

CHANGE IN GROUP'S BENEFITS ADMINISTRATOR OR OTHER CONTACTS:

CODE: "+" to Add, "-" to Delete		<ul style="list-style-type: none">• Please use when adding or deleting a benefits administrator, other authorized contact, or group contact information• Please be sure to "Add" new Primary Contact if you "Delete" your current Primary Contact			
CODE	NAME	PHONE/EMAIL	PRIMARY CONTACT	BILLING CONTACT	ADDITIONAL CONTACT

CHANGE IN GROUP NAME OR TAX ID:

NEW Group Name _____ NEW Tax ID Number _____

2. SMALL GROUP ASSUMPTION AGREEMENT

Any group name or tax identification number change does not end group's obligations, financial and otherwise, previously incurred under the terms of its Health Republic Enrollment Agreement.

In order to execute a group contact, address or name change, a signature from an authorized person is required.
Signature must be from President, Owner, current Benefits Administrator, Vice President, Director, or Executive Officer.

Print Name _____ Signature _____ Date ____ - ____ - ____
(mm/dd/yy)