

# New York Small Group Employer Benefit Plan Change Form For Groups of 1-100<sup>1</sup>



An Anthem Company

## Section 1: Group information

Group name		
Effective date (MM/DD/YYYY)	Group no.	Employer tax ID no. (required)

## Section 2: I have demographic changes to my current plan. Please update the following:

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:

<input type="checkbox"/> New hire	<input type="checkbox"/> Date of hire (DOH)	<input type="checkbox"/> First of month following 30 days	<input type="checkbox"/> 30 days	<input type="checkbox"/> 45 days <sup>2</sup>	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days <sup>3</sup>
	<input type="checkbox"/> First of month following DOH	<input type="checkbox"/> First of month following 60 days	<input type="checkbox"/> 1 month	<input type="checkbox"/> 2 months		
	<input type="checkbox"/> Day following completion of waiting period/probationary period <sup>3</sup>					
<input type="checkbox"/> Rehired	<input type="checkbox"/> Date of hire (DOH)	<input type="checkbox"/> First of month following 30 days	<input type="checkbox"/> 30 days	<input type="checkbox"/> 45 days <sup>2</sup>	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days <sup>3</sup>
	<input type="checkbox"/> First of month following DOH	<input type="checkbox"/> First of month following 60 days	<input type="checkbox"/> 1 month	<input type="checkbox"/> 2 months		
	<input type="checkbox"/> Day following completion of waiting period/probationary period <sup>3</sup>					

## 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 submit your CURRENT NYS45, 941 Form, a current weekly or bi-weekly payroll and a signed quote.  
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: Riders – Check all that apply

Domestic Rider     Age 29 Rider

## Section 6: Disclaimer language

**Certification**  
By signing below, I certify that all statements contained in this form are true and accurate to the best of my knowledge. I further certify that I am an officer or owner of the business and duly authorized to execute this certification on behalf of the business.  
**INSURANCE FRAUD STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

Company officer signature <b>X</b>	Printed name
Title	Group no.      Date (MM/DD/YYYY)

1 A small group must have at least one active full-time equivalent employee that meets the definition of employee in 42 U.S.C. 300gg-91(d)(5) but no more than 100 employees. A small group can consist of one non-spouse employee plus the business owner; a group of 100 would consist of the business owner plus 99 employees.  
2 45 days is the maximum waiting period allowed for Healthy New York coverage.  
3 The option, "Day following completion of waiting period/probationary period", is required for 90-day waiting period.