



Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
100 SW Market Street
PO Box 1271
Portland, Oregon 97207-1271

Renewal and Maintenance Change Request - For Clark Co., WA

Group Name _____

Group Number

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Current Renewal Month _____

SECTION A - INFORMATION

If you are requesting a change(s) to any of the following, please describe the requested change(s) in the box(es) below. Please refer to your original Group Master Application and any subsequent addendums or amendments.

- ◆ Group Information (e.g., group contact name, group address, etc.)
- ◆ Eligibility Information (e.g., number of working hours for eligibility, employee class(es), probationary period, etc.)
- ◆ Employer Contribution
- ◆ Group Participation
- ◆ Add/Remove Class
- ◆ Add a Subgroup for Billing Purposes

Please do NOT make benefit or rate requests on this form. Any changes to benefits or rates will require submission of a Group Master Application. Please complete the Group Change Notification form in addition to this form if you have made the following types of group changes: Name of business, Ownership changes, Tax ID number, Business entity or structure, Acquisition/Buyout, Spin-off/Split-off, Merger.

SECTION B - REQUESTED CHANGE

Description of Requested Change(s)	Requested Effective Date	Regence Approval	Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C - ACKNOWLEDGEMENT

I request the above-described changes on behalf of the group. Requested changes will not become effective unless approved in writing by Regence BlueCross BlueShield of Oregon (Regence). Approval may be for an effective date other than the requested effective date entered above, but any change of effective date will be specified in the comments. If approved in writing by Regence, the approved request shall operate to amend the group's Group Master Application as of the effective date assigned by Regence, but shall amend that Group Master Application only as is necessary to effectuate the requested and approved change. All other terms of the Group Master Application shall remain in force. If any requested change is approved, the group should retain a copy of this Regence Renewal and Maintenance Change Request form for the group's records.

Group's Authorized Representative

Date

Fax Number

Regence's Authorized Representative

Date

Fax Number

