



## GENERAL UPDATE CHANGES FOR SMALL GROUP FORM

Please check request and complete required information below.

*This form should not be used for product changes.*

- ADDRESS CHANGE *(Physical address changes must be submitted using the Client Change Letter of Explanation Template)*
- CONTACT CHANGE

AGENCY		AGENT NAME	
PHONE	FAX	EMAIL	

<b>CLIENT NAME</b>					
<b>CLIENT # / GROUP #(s)</b>					
<b>CHANGE EFFECTIVE DATE</b> <i>(IMPORTANT: Effective date of the change will be the first day of the following month.)</i>					
<b>ONE CONTACT ONLY</b> for General and Contract Signor categories. Multiple contacts may be added for all others, if needed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> <b>ADDRESS UPDATE</b>            Check which contact needs to be updated:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Contract Signor</li> <li><input type="checkbox"/> In Charge of Monthly Reports</li> <li><input type="checkbox"/> Billing</li> <li><input type="checkbox"/> Correspondence</li> <li><input type="checkbox"/> Spending Account</li> </ul> </td> <td style="width: 55%; padding: 5px;"> <b>LIST NEW ADDRESS IN FULL</b>             ADDRESS            CITY            STATE            ZIP            EMAIL            PHONE             FAX         </td> </tr> <tr> <td style="padding: 5px;"> <b>NEW CONTACT NAME &amp; TITLE</b>            Check which contact needs to be updated:           <ul style="list-style-type: none"> <li><input type="checkbox"/> General</li> <li><input type="checkbox"/> Contract Signor</li> <li><input type="checkbox"/> In Charge of Monthly Reports</li> <li><input type="checkbox"/> Billing</li> <li><input type="checkbox"/> Correspondence</li> <li><input type="checkbox"/> Spending Account</li> </ul> </td> <td style="padding: 5px;"> <b>LIST NEW CONTACT NAME &amp; TITLE IN FULL</b>             CONTACT NAME            TITLE            PHONE  <i>(Do not complete if you checked General)</i>             FAX  <i>(Do not complete if you checked General)</i>             EMAIL  <i>(Do not complete if you checked General)</i> </td> </tr> </table>	<b>ADDRESS UPDATE</b> Check which contact needs to be updated: <ul style="list-style-type: none"> <li><input type="checkbox"/> Contract Signor</li> <li><input type="checkbox"/> In Charge of Monthly Reports</li> <li><input type="checkbox"/> Billing</li> <li><input type="checkbox"/> Correspondence</li> <li><input type="checkbox"/> Spending Account</li> </ul>	<b>LIST NEW ADDRESS IN FULL</b>  ADDRESS CITY STATE ZIP EMAIL PHONE  FAX	<b>NEW CONTACT NAME &amp; TITLE</b> Check which contact needs to be updated: <ul style="list-style-type: none"> <li><input type="checkbox"/> General</li> <li><input type="checkbox"/> Contract Signor</li> <li><input type="checkbox"/> In Charge of Monthly Reports</li> <li><input type="checkbox"/> Billing</li> <li><input type="checkbox"/> Correspondence</li> <li><input type="checkbox"/> Spending Account</li> </ul>	<b>LIST NEW CONTACT NAME &amp; TITLE IN FULL</b>  CONTACT NAME TITLE PHONE <i>(Do not complete if you checked General)</i>  FAX <i>(Do not complete if you checked General)</i>  EMAIL <i>(Do not complete if you checked General)</i>
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<b>IMPORTANT:</b> Changes to a Spending Account contact <b>MUST</b> include the HRA/HSA application and DCF form for user access if the new contact is not already listed on the application.					

**ADDITIONAL UPDATES OR COMMENTS**