



## 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.	<b>ADDRESS UPDATE</b> <b>Check which contact needs to be updated:</b> <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> <b>Check which contact needs to be updated:</b> <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>

**IMPORTANT:** Changes to a Spending Account contact MUST 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**