



Renewal and Maintenance Change Request

(For All Group Sizes)

Group Number	Group Name	Current Renewal Month
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION A – INFORMATION

Allowed changes are listed in **Section B**. See **Section C** to make changes to contact information.

Please note certain changes may only be made at renewal. Reach out to your Sales contact for details.

Please do **NOT** use this form to make benefit or rate change requests. Refer to your Sales Representative for making benefit and rate changes.

Changes to any of the items directly below require a **Group Change Notification** form to be submitted in addition to this form:

- Name of Business
- Tax ID Number and/or UBI
- Headquarter Location
- Ownership

SECTION B – REQUESTED CHANGE(S)

If you are requesting a change to any of the following, please describe the requested change(s) in the box(es) below and answer the additional questions at the bottom of this page, if applicable. Please refer to your original Group Master Application and any subsequent addendums or amendments.

- Add/Remove Employee Class
- Add/Remove Subgroup for Billing Purposes
- Employer Contribution
- Group Address (specify physical, mailing, billing)
- Add/Remove Online Enrollment Access
- Number of Working Hours for Eligibility
- Domestic Partner Eligibility*
- Probationary Period†
- Health Savings Account Integration**

Description of Requested Change(s)	Requested Effective Date	Asuris Approval	Comments
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Address Change(s)		Identify Which Address(es) are Changing	
<input type="text"/>		<input type="checkbox"/> Physical <input type="checkbox"/> Mailing <input type="checkbox"/> Billing <input type="checkbox"/> All	

*Domestic Partner Eligibility: (This question only applies to groups of 51 or more employees.) Refer to your Sales Representative for rules. If covering spouses/registered domestic partners, are non-registered domestic partners eligible? ☐ No ☐ Yes – If yes, will the group provide COBRA eligibility for non-registered domestic partners? ☐ No ☐ Yes

†Probationary Period: If changing to **1st of the month following date of hire**, employees hired on the 1st of the month will be effective on: ☐ their date of hire. ☐ the 1st of the next month.

‡Part time to Full Time administration: Part-time employees transferring to full-time will start their probationary periods on the: ☐ original hire date (retroactive). ☐ date the employee transfers to full-time hours.

**Health Savings Account Integration: Asuris offers integration with HealthEquity, an HSA Administrator. If electing to integrate with HealthEquity, who will pay the monthly fee for your employees' health savings accounts (HSA)?
☐ Employer ☐ Employee



SECTION C – CONTACTS: ADDING, REMOVING OR UPDATING CONTACT INFORMATION

Use this section to make changes to contact information.

☐ Check here if you do **NOT** have any contact changes.

Contact types are described below:

- **Group Administrator** – Handles routine business conversations with the carrier regarding eligibility, billing, rates, renewal notification, contract, benefit booklets and SBCs.
- **Employer Center** – Grants Employer Center access to requested individuals. *Individuals with Employer Center access will default to all available accesses including Online Enrollment if available. If limited access is needed, please contact your Membership Administrator.
- **Billing** – Receives invoice from the carrier with eligibility and amount due. Communicates eligibility changes and member updates to carrier and works through reconciliations.

Action	Contact Type	Contact Information
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	Check all that apply: <input type="checkbox"/> Group Administrator <input type="checkbox"/> *Employer Center <input type="checkbox"/> Billing	Name: Title: Phone (area code required): Ext. Email:
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	Check all that apply: <input type="checkbox"/> Group Administrator <input type="checkbox"/> *Employer Center <input type="checkbox"/> Billing	Name: Title: Phone (area code required): Ext. Email:
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	Check all that apply: <input type="checkbox"/> Group Administrator <input type="checkbox"/> *Employer Center <input type="checkbox"/> Billing	Name: Title: Phone (area code required): Ext. Email:

SECTION D – RETIREE COVERAGE (51+ ONLY)

Does your group offer retiree coverage? ☐ Yes ☐ No

If Yes, will any of your health plans meet the requirements to be considered a "Retiree Only" plan under Federal Law? ☐ Yes ☐ No

For example: Filing a separate Form 5500 and having separate Summary Plan Descriptions for the retiree and employee plans often helps to demonstrate the plan is "Retiree Only." There are various reasons employers choose to create Retiree Only plans, and it is important for Asuris to classify the plan accordingly. You are required to promptly notify Asuris if the status of the retiree plan changes any time in the future.

SECTION E – ACKNOWLEDGMENT

I request the above-described changes on behalf of the group. Requested changes will not become effective unless approved in writing by Asuris Northwest Health (Asuris). 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 writing. If approved in writing by Asuris, the approved request shall operate to amend the group's Group Master Application as of the effective date assigned by Asuris, 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 Asuris Renewal and Maintenance Change Request form for the group's records.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Group Authorized Representative Signature

Group Signature Date

Group Authorized Representative (print name)

Official Title

Asuris Authorized Representative Signature

Asuris Signature Date

Asuris Northwest Health: 528 East Spokane Falls Boulevard, Suite 301, Spokane, Washington 99202

