



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

*Date*

*Company Name*  
*Attn: Primary Contact*  
*Address*  
*City, State ZIP*

Subject: **Group Master Application** for *effective date*  
**Group Number:** #####  
**Group Name:** *Company Name*

Dear Employee Benefits Administrator:

**If you recently sent your Group Master Application to us, please disregard this reminder and accept our thanks for renewing your coverage with Regence.**

Our records indicate that your group policy is scheduled to renew on **<effective date>**. As of today, we have not received the paperwork required to continue your coverage. For your convenience, we have enclosed a Group Master Application, along with a postage-paid envelope.

**We must receive your completed and signed Group Master Application in our office by <day prior to effective date> or your coverage will be cancelled as of <effective date>.**

Please contact me or your agent if you have any questions or would like assistance completing your paperwork.

We value you as a customer and look forward to continuing to serve you and your employees as members of the Regence community.

Sincerely,

\_\_\_\_\_, Account Exec  
Regence BlueShield Sales Department  
1 (800) 653-1125

*Cc: Agent*  
*Address*  
*City, State ZIP*