Regence

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

Regence BlueShield
1800 Ninth Avenue
PO Box 21267
Seattle, Washington 98111-3267

Renewal and Maintenance Change Request

Group Name_____ **Group Number** | | | | | | | | |

Current Renewal Month_____

SECTION 1 - 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.

SECTION 2 - REQUESTED CHANGE

Description of Requested Change(s)	Requested Effective Date	Regence Approval	Comments
	(mm/dd/yyyy)	☐ Yes ☐ No	
	(mm/dd/yyyy)	☐ Yes ☐ No	
	(mm/dd/yyyy)	☐ Yes ☐ No	
	(mm/dd/yyyy)	☐ Yes ☐ No	

SECTION 3 - ACKNOWLEDGEMENT

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

	(mm/dd/yyyy)	(xxx) xxx-xxxx
Group's Authorized Representative	**Date**	**Fax Number**
	(mm/dd/yyyy)	(xxx) xxx-xxxx
Regence BlueShield's Authorized Representative	**Date**	**Fax Number**

F5227.XWA0EN07100101