



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
Asuris Northwest Health Sales Department
1 (800) 653-1125

Cc: Agent
Address
City, State ZIP