



Asuris Northwest Health  
 1800 Ninth Avenue  
 PO Box 91130  
 Seattle, Washington 98111

## 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	Asuris Approval	Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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 Asuris Northwest Health. 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 Asuris Northwest Health, the approved request shall operate to amend the group's Group Master Application as of the effective date assigned by Asuris Northwest Health, 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 Northwest Health Renewal and Maintenance Change Request form for the group's records.

<b>Group's Authorized Representative</b>	<b>Date</b>	<b>Fax Number</b>
<b>Asuris Northwest Health's Authorized Representative</b>	<b>Date</b>	<b>Fax Number</b>

