

SECTION B – BENEFIT OPTIONS (continued)

Dental Plan Options – Available options are shown below. Deductibles apply to class II & class III dental services. Please attach the signed rate sheet for the dental plan selected.

	Deductible	Annual Maximum
<input type="checkbox"/> Regence Expressions	<input type="checkbox"/> \$25	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000
	<input type="checkbox"/> \$50	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$1,500 - Preventive Care benefits do not accumulate toward the Annual Maximum
<input type="checkbox"/> Regence Expressions Rewards	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000

Additional Coverage Option: Orthodontia \$1,000 lifetime maximum (available with 10 or more enrolled employees)

SECTION C – GROUP INFORMATION CHANGES

Complete this section if there have been changes to the items below. Refer to your original GMA and any subsequent addendums or amendments.

Select all items to change, then provide details in the space below.

<input type="checkbox"/> Add/Remove Employee Class	<input type="checkbox"/> Number of Working Hours for Eligibility
<input type="checkbox"/> Add/Remove Subgroup for Billing Purposes	<input type="checkbox"/> Probationary Period:
<input type="checkbox"/> Dependent Eligibility	If changing to 1st of the month following date of hire , employees hired on the 1 st of the month will be effective on:
<input type="checkbox"/> Employer Contribution	<input type="checkbox"/> their date of hire. <input type="checkbox"/> the 1 st of the next month.
<input type="checkbox"/> Group Address (specify physical, mailing, billing)	<input type="checkbox"/> Add/Remove Online Enrollment Access
<input type="checkbox"/> Group Contact Names	

Changes to the items below require a **Group Change Notification** form to be submitted in addition to this form.

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

Describe Changes:

Address Change(s)	Identify Which Address(es) are Changing
	<input type="checkbox"/> Physical <input type="checkbox"/> Mailing <input type="checkbox"/> Billing <input type="checkbox"/> All

SECTION D – ACKNOWLEDGMENTS

I request the above-described changes on behalf of the group. Requested changes will not become effective unless approved in writing by Regence BlueShield (Regence). 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 Regence, the approved request shall operate to amend the group’s Group Master Application as of the effective date assigned by Regence, but shall amend that Group Master Application only as 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 Renewal Group Master Application for the group’s record.

Certifies that all forms and processes, electronic or otherwise, used by the group for enrollment purposes, other than those provided directly by Regence, are in compliance with all applicable state guidelines and regulations and have been provided to Regence for submission to the state insurance regulator for approval prior to use.

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.

SECTION E – SIGNATURE

I certify that the information provided is accurate to the best of my knowledge.
If you type your name below, you understand that you are electronically signing this document and agree your electronic signature is the legal equivalent of your manual signature on this application.

_____	_____
Group Authorized Representative Signature	Signature Date
_____	_____
Group Authorized Representative (print name)	Official Title

