Request For Group Insurance Amendment to Sales Agreement

Group Name: _____ (Group)

Group Policy Number: _____

Effective Date of Amendment: __ __ /__ __ / __ __ __ __

As an Authorized representative of the above named Group, I request that the Sales Agreement on the above referenced group policy number be amended with the following changes:

INSTRUCTIONS TO COMPLETE TABLE:
GROUP NUMBER(S) = Identify the group number to be amended.
KEY CODE: Insert **"A"** to Add a new plan, "**D"** to Delete a current plan, and "**R"** to Retain a current group health plan.
PRODUCT NAME: Indicate the name of the product you are adding, deleting, or retaining (i.e. HealthMate, BlueCHiP, Plan 65 or Blue Cross Dental).
RATES: Insert the applicable rates (please refer to your Renewal Packet) and the effective dates for such rates.
If you have any questions or need assistance, please contact your General Agent, Broker, or Direct Marketing Representative.

GROUP NUMBER(S)	KEY CODE	PRODUCT NAME	RATES			
			RATES ARE EFFECTIVE: __ __/__ __/__ __ __ __ THROUGH __ __/__ __/__ __ __ __			
			Enrollee Only	Enrollee & Spouse	Enrollee & Children	Enrollee, Spouse & Children
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$

The above information must be provided for each change in order for this request to be processed.

I understand that this amendment will not become effective unless approved and issued by Blue Cross & Blue Shield of Rhode Island (BCBSRI). I request that this amendment be approved by BCBSRI, subject to their usual underwriting guidelines and issued in their customary policy language. I request that this amendment, if approved and issued by BCBSRI, become effective by its terms without any further acceptance required by the Group, and that this Request for Group Insurance Amendment to the Sales Agreement form be made the amendment and be attached to and made part of the Sales Agreement.

Blue Cross & Blue Shield of Rhode Island	Group
By: _____ Authorized Signature	By: _____ Authorized Signature
Print Name: Thomas D. Cauthorn	Print Name: _____
Title: Vice President and Chief Sales Officer	Title: _____
Date: __ __ /__ __ / __ __ __ __	Date: __ __ /__ __ / __ __ __ __

Blue Cross & Blue Shield of Rhode Island is an independent license of the Blue Cross and Blue Shield Association.