

**OFF-RENEWAL
CHANGE
Idaho**



Important Deadline!
The change will be made the first of the month following the date of receipt of this form. Your original renewal date will remain the same.

EMPLOYER INFORMATION

Group Name: _____ Group No: _____ Renewal Date: _____

Group Contact Name: _____ E-mail Address: _____

CHANGE EMPLOYER CONTRIBUTION AND COVERAGE REQUIREMENT—REQUIRES APPROVAL

Change our coverage requirement:

• Name of Class _____ Hours _____ (30 hours unless otherwise approved) Probation _____ (1-365 Days)

• Name of Class _____ Hours _____ (30 hours unless otherwise approved) Probation _____ (1-365 Days)

*If the last day of the probationary period falls on the first day of the month, will the new employee be eligible for coverage that day or have to wait until the first day of the following month? Eligible that day Must wait (If not answered, default is "must wait".)

Change our employer contribution:

Toward **Employee** premium: Medical: _____ % Dental: _____ %

Toward **Dependent** premium: Medical: _____ % Dental: _____ %

CHANGE BENEFIT INFORMATION

Change our benefits as follows effective: _____

Preferred Medical: Yes No Plan name(s): _____
Dual Choice: Yes No If yes, selection forms required.

Preferred Option: Additional Accident \$500 Elective Abortion

SmartHealth Medical: Yes No Plan name(s): _____
Dual Choice: Yes No If yes, selection forms required.

SmartHealth Options: Alternative Care \$300 Elective Abortion Mental Health (mental health required if 2-50 employees; option if 51+)

Pharmacy Plan: Yes No Plan name: _____

Vision Plan: Yes No Plan name: _____

Dental Plan: Yes No Plan name: _____
Product: Advantage Advantage Premier Preventive Comprehensive

Orthodontia \$1000: Yes No *Orthodontia is only available to groups with 26 or more employees enrolled on dental.*

I acknowledge that retroactive changes to benefits or eligibility are not allowed. I may elect to reduce benefits or eligibility off-renewal, but can't elect to improve them off-renewal except as required by state or federal regulations.

Signed by: _____ Title: _____ Date: _____

Fax completed form to: 208.344.4262

PACIFICSOURCE OFFICE USE ONLY:

Underwriting Approval (initial/date): _____ Other Approval (initial/date): _____