

2020 Small Group Renewal Change Form

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This form is only required if there are plan changes and/or demographic & contact information to declare.

Submit any changes to Samaritan Health Plans, Sales Dept. by the 20th of the month prior to your renewal date. Visit samhealthplans.org for benefit information.

Group name:		Group number:		Renewal effective date:	
Billing contact:					
Billing address:					
City:			State:		Zip:
Phone:			Email:		
Primary contact:			Secondary contact:		
Mailing address:					
City:			State:		Zip:
Phone:			Email:		

Medical Renewal Options

Plan option 1: _____ Plan option 2: _____ Plan option 3: _____

Plan 1: Add Remove Continue Plan 2: Add Remove Continue Plan 3: Add Remove Continue

Minimum hours required per week to be eligible for coverage:

Plan provides coverage for unregistered same/opposite sex domestic partners?
 Yes No

Coverage for:
 Employee only
 Employee + Dependents

Orientation Period: No Yes _____ days

Coverage is effective for new hires: First of the month following: 30 days 60 days Date of hire
 First of the month following the date of hire. If hired on the first of the month, coverage is effective that day.
 Day immediately following: 30 days 60 days 90 days
 Date of hire

Please note: Employer must contribute at least 50% of the employee rate of the lowest cost plan.

New Carrier *(Carrier contact for deductible report purposes)*:

Carrier name: _____ Carrier email: _____

_____	_____
Print name	Print title
_____	_____
Authorized group signature	Date