

Advanced Renewal Opt-in Form



Small Group Business
PO Box 9042
Oxnard, CA 93031-9042
Phone: 800-627-8797

SECTION 1: GROUP INFORMATION		
Group no.	Group name	Requested renewal date

Because this option requires a change to your group's plan year, you should discuss this option with your legal or tax advisor before choosing it. The IRS has set forth criteria for when a group may change its plan year. For example, if your employer group coverage covers less than 50 employees, but the employer employs 50 or more full-time equivalent employees, the employer may be subject to health care "shared responsibility" taxes that cannot be delayed by changing the plan year.

I understand that by my requesting a renewal date change for the above group number, that all products offered under my group will now renew at the requested date and may receive updated rates on medical, dental, vision and life plans, if offered. The group confirms that it will be changing it's next plan year to begin on the requested renewal date.

Owner/Officer name	Title
Owner/Officer signature X	Date (dd/mm/yyyy)

If you are enrolled in Prime and Complete Dental and would like to have your renewal date changed, please provide the Prime and Complete group number _____, if applicable.

Email completed form to sguwca@wellpoint.com or fax to 877-363-9126.