

# Small Group Information Change Form

Effective Date of Change: \_\_\_\_\_ Group Number: \_\_\_\_\_

Group Name: \_\_\_\_\_

## Please select the change requested.

### Change of Address

Current Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

New Address:  Check if for Billing Purposes only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Change of Contact

Please check if for:  Billing  Group  Both

Old Contact Name: \_\_\_\_\_

New Contact Name: \_\_\_\_\_

**Termination of Group** - In compliance with your Group Contract, a minimum of 30 days advance notification is required.

Effective Date of Termination: \_\_\_\_\_

(Must be end of Month, e.g. 8/31 /19)

Reason for Termination: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

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## Please mail form to:

ConnectiCare Small Group Administration  
c/o CBIA Service Corp  
350 Church Street, Hartford, CT 06103-1126  
e-mail to: CCIADMIN@CBIA.COM  
Or Fax to : (860) 278-0883

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