

# GENERAL UPDATE CHANGES FOR WESTERN SMALL GROUP HHIC BUSINESS

PLEASE CHECK REQUEST AND COMPLETE REQUIRED INFORMATION BELOW

- Name Change                       Address Change  
 Contact Change                       EIN Change (letter required)

<b>Client Name</b>	
<b>Client Number and/or Group Number(s)</b>	
<b>Effective Date:</b> 00/00/00 (must be provided)	
<b>New Address</b> (General, billing, correspondence or <u>ALL</u> )	
<b>New Contact Name and Title</b> (General, billing, correspondence or <u>ALL</u> )	
<b>Phone/Fax/Email</b>	
<b>Additional Information or Comments</b>	

**Agency Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please be advised, this form should not be used for product changes. If the date of the change is prior to the received date of the request, the effective date will be changed to the first of the following month.**



Highmark Health Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association