



Small Group Employer Plan Changes

Alternative benefit options (ABO's) for the group's existing product will be provided upon request. Small groups which have been in effect for at least one year may reduce their benefits off renewal within the existing product once per year. Otherwise, benefit changes can be made during the renewal time period, which is defined as 30 days before the renewal date. In order for the change to be made on the renewal date, the plan change request must be received no later than the 5th of the renewal month. **For changes received more than 5 days after renewal, the effective date of the change will be the next premium due date.**

The following is required to make a change within the group's existing product:

1. Small Group Employer Plan Change Form
2. Copy of ABO or quote

Certain changes (adding or increasing benefits) will require employee applications and an updated Wage & Tax. The request can be faxed to (734) 853-3234 or they may be sent via e-mail to AC-SmallGroupChanges@american-community.com.

Reminder – ABO's and proposals are illustrative and not final until approved by the Underwriter or Small Group Team. Underwriting reserves the right to amend rates upon submission based on changes in demographics.



Small Group Employer Plan Change Form

For 2- 50 employees

Current group number: _____ Requested Effective Date: _____

Requested Proposal ID # _____

Changing benefits within the existing product (attach ABO or quote). Explain benefit change _____

Employer Name: _____

Telephone Number: () _____ Fax Number: () _____

Contact Person: _____ Title: _____

Owner/Executive Officer: _____

Mail new certificates and ID cards to: Agent Employer

The following policy provisions in the new policy will remain the same as the current group policy:

- Waiting Period for new employees
- Termination dates
- Affiliation Period (Michigan only)
- Employer Contribution Level
- COBRA Eligibility

Note: If you would like to change any of the above provisions, please describe below.

Signature of Employer or Authorized Representative Title Date

Signature of Agent Agent Number Date

Send Employer Plan Change Form and ABO or Quote to Small Group Changes Team:

Fax: (734)-853-3234

Email: AC-SmallGroupChanges@american-community.com

American Community Mutual Insurance Company
39201 Seven Mile Road, Livonia, Michigan 48152-1094
(734) 591-9000 (734) 853-3234 Fax

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