

# RENEWAL DATE CHANGE REQUEST FORM

<b>Employer Name:</b>	<b>Group ID # (s)</b>
<b>Employer Address:</b> (PO Box, Rural Route, Apartment Number, Lot Number, Street Number and Name, etc.)	<b>Requested Renewal Date for all Group Products</b>
City _____ State _____ Zip Code _____	Day _____ Month _____ Year _____

**As an authorized representative of the employer named above, I acknowledge and agree to the following:**

1. The renewal date for all Group Products including the Group ID #(s) that the employer has with BlueCross BlueShield of Tennessee and any of its affiliates or subsidiaries (collectively "BlueCross" for purposes of this Renewal Date Change Request Form) is changed to the above Requested Renewal Date.
2. I must provide to BlueCross this completed and signed Renewal Date Change Request Form no later than 30 days prior to the new renewal date.
3. I understand that I will receive a renewal with a new effective date, for all Group Products. All Group Products will be re-underwritten by BlueCross. This will result in a change in premium for each Group Product. The premium will increase from the previous premium amount.
4. All Group Products I have billed through BlueCross will move to the new renewal date. Group Products are all Group Medical, BlueCross billed Life, Dental, LTD, STD, and Vision.
5. I waive any right to any previous one year or multiple year premium rate guarantees for any of the Group Products.
6. It is my responsibility to notify all members of my group of their new renewal date and change in premium contribution as applicable.
7. I have received estimated renewal change or other projected premium information from BlueCross or from an Agent; the information provided is preliminary and is subject to change based upon various factors including enrollment, health status, benefit selection, final federal regulations, and state variation from federal regulations (e. g., age rating factors, geographic rating definitions). BlueCross cannot guarantee that the premium information you may have received from BlueCross or a BlueCross agent will be applicable to your specific group at the time of the actual renewal.
8. The decision to elect a new renewal date was solely my decision and I had the opportunity to seek independent advice in addition to my agent, as I have determined necessary in order to make this renewal date change.
9. My group is not a sole proprietor with only the owner and spouse covered.

**I declare that this statement is true and accurate.**

**Executed on Behalf of Employer by:**

\_\_\_\_\_  
*Signature of Employer Representative*

\_\_\_\_\_  
*Printed Name of Employer Representative*

\_\_\_\_\_  
*Title of Employer Representative*

*After the form is completed, please contact your BlueCross account executive.*



BlueCross BlueShield of Tennessee  
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