



Plan Change Form



Corporate Headquarters
180 East Main Street, Suite 205
Patchogue, NY 11772
1-631-654-0600
1-800-427-5358
Fax 1-631-654-0840

Below is the Request for Plan Change Form for the Atlantis Association Health Plans.
Please refer to the plan design sheet for an overview of available options.

A change to your group's plan design requires submission of this form.
Please provide ample time to process changes.

Should you require assistance or additional information, please contact your agent as indicated on your bill or the NYSBG/ELITE Customer Service Department at **1-800-427-5358**.

**BE SURE TO SUBMIT THIS FORM
TO OUR OFFICES BY A MINIMUM OF 10 DAYS
PRIOR TO YOUR RENEWAL DATE.**

RETURN VIA FAX: (631) 654-0840
or by Mail to:
NYSBG/ELITE
180 East Main Street, Suite 205
Patchogue, NY 11772

Firm Name: _____

Group #: _____ Effective Date: _____ Phone: _____

Authorized Signature: _____

PLAN SELECTION

(please check renewal plan choice)

Plan 1 AHP-POS-GRP B10

Plan 5 AHP-HMO-GRP Low Option

Plan 2 AHP-POS-GRP A20E

Plan 6 AHP-HMO-GRP Low Option/Gen. Rx

Plan 3 AHP-POS-GRP E20

Plan 7 AHP-POS-GRP F20 Gen. Rx

Plan 4 AHP-POS-GRP F20