

REQUEST FOR PLAN CHANGE SOLE PROPRIETOR



180 East Main Street, Suite 205
Patchogue, NY 11772
1-800-427-5358
Fax: (631) 654-0840

This is the Request for Plan Change Form for GHI Health Plans. It is used to notify our office of your plan change selection. Please review the alternative plan designs and their various options. **Be sure to provide ample time for processing.** Contact your agent as indicated on your bill or an NYSBG/CAI Customer Service Representative at **1-800-427-5358** for additional information or further assistance.

SEND COMPLETED, SIGNED FORMS VIA FAX to: (631) 654-0840

or by MAIL to: Conference Associates, Inc., 180 East Main Street, Suite 205, Patchogue, NY 11772

Firm Name: _____

Group #: _____ Effective Date: _____

Authorized Signature: _____

CHECK HERE IF YOU WISH TO CHANGE FROM EITHER A FAMILY or EMPLOYEE/SPOUSE CONTRACT TO 2 INDIVIDUAL CONTRACTS.

(Application and Tax information must be submitted.)

Both individuals **MUST** work as full-time employees or owners of the company.)

GHI Small Business Advantage Plan

Plan Type (2-Tier Only): Individual Family

Plan Rider Election:

I have reviewed the benefit summary and monthly rate sheet and wish to enroll in the **Small Business Advantage Program**, but wish to add the below indicated coverage riders.

I understand these riders bear additional monthly cost:

- Mental Health Hospital Coverage
- Mental Health Medical Coverage
- Alcoholism and Substance Abuse Hospital coverage
- Skilled Nursing Facility Care
- Professional Nursing Services

GHI HIGH DEDUCTIBLE/HSA EPO & PPO PLANS (please select one plan option)

Rate Structure: Two-Tier Only (Ind/Family)

EPO

Deductible*	Coinsurance	Out-of-Pocket Maximum*	HSA Component
<input type="checkbox"/> \$5,250	100%	\$5,250	<input type="checkbox"/> Yes <input type="checkbox"/> No

* All Family Levels Are 2X Individuals

PPO

Deductible*	Coinsurance	Out-of-Pocket	HSA Component
Par/Non-Par	Par/Non-Par	Par/Non-Par Max*	
<input type="checkbox"/> \$5,000/\$10,000	100%/80%	\$5,000/\$12,000	<input type="checkbox"/> Yes <input type="checkbox"/> No

* All Family Levels Are 2X Individuals