

HIP/NYSBG Association Plans for Groups of 1	HIP PLAN CHANGE FORM	For Plan Changes Effective 4/1/08
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Below is your Request for Plan Change Form for the HIP/NYSBG Association Health Plans. New plan designs and rates are available for 2008-2009. New rates and new plan designs will take effect on April 1, 2008.

Please allow ample time for processing.

Should you require assistance or additional information, please contact your agent, the NYSBG customer service department at **1-800-427-5358**, or visit www.nysbg.com to access HIP Forms & Applications.

You may return this form via fax to (631) 654-0840 or by mail to:

New York State Business Group - Corporate Headquarters
 180 East Main Street, Suite 205, Patchogue, NY 11772

Firm Name: _____

Group #: _____ Effective Date: _____

Authorized Signature: _____

PLAN CHANGES MUST BE RECEIVED BY MARCH 17, 2008.

I wish to make a plan change to one of the NEW 2008 plan designs below.

<input type="checkbox"/> 1^B	HIP PRIME HMO (30/50/1000/150) with Rx Option 1	Employee: \$428.25 Emp/Spouse: \$842.51 Emp/Child: \$784.51 Family: \$1,281.61	<input type="checkbox"/> 3^B	HIP PRIME HMO (30/50/1000/150) with Rx Option 2	Employee: \$467.93 Emp/Spouse: \$921.86 Emp/Child: \$858.32 Family: \$1,402.98
<input type="checkbox"/> 2^B	HIP SELECT PPO (30/50/Ded&Coins/150) with Rx	Employee: \$342.81 Emp/Spouse: \$669.01 Emp/Child: \$623.14 Family: \$1,020.15	<input type="checkbox"/> 4^B	HIP SELECT PPO (30/50/Ded&Coins/150) **No Rx**	Employee: \$277.33 Emp/Spouse: \$538.06 Emp/Child: \$501.36 Family: \$819.33