USAble Life

GROUP POLICY CHANGE FORM
(FOR CONTRACT CHANGES ONLY)

P.O. Box 1650
Little Rock, Arkansas 72203-1650
Telephone (501) 375-7200

Attn: Group Maintenance Department

From: (Group/Agency) CITY OF JONESBORO (Individual) _____

Date: 12/08/2016 Group Number: 50001517 Billing Number: 50001517-0002

Name of Policyholder: CITY OF JONESBORO

Name of Broker/Agency: N/A

Group Address: 300 S. CHURCH ST./PO BOX 1845 City: JONESBORO State: AR Zip: 72401

Group Email Address: DDOUGLAS@JONESBORO.ORG Broker Email Address: N/A

Group Contact: DEWAYNE DOUGLAS Effective Date of Change: 1/1/2017

Change(s) to be made to Policy:

- ☐ Name Change
- ☐ Add/Delete Class
- ☐ Eligibility/Waiting Period Change
- ■ Effective Date Change
- ☐ Anniversary/Renewal Date Change
- ☐ Employer Contribution Change
- ☐ Full-time Hours Change
- ☐ Add Subsidiary
- ☐ Benefit Plan Upgrade (attach proposal)
- ☐ Benefit Plan Downgrade
- ☐ Add Benefit (attach proposal)
- ☐ Delete Benefit
- ☐ Accompanying Rate Change
- ☐ Reduction Schedule Change
- ☐ Class Definition Change
- ☐ Other

Existing	**Proposed**
VGTL ANNUAL ENROLLMENT - 1/1	VGTL ANNUAL ENROLLMENT 2/1

Note: Please complete if a Benefit Plan Upgrade or Coverage Addition:

New Annual Premium (all coverage) of $ _____

Minus Existing Annual Premium (all coverage) of $ _____

Equals an Increase in Annual Premium of $ _____

New Rate for Benefit(s) _____

Please attach applicable supporting material, such as an Application for Group Insurance, Rate Calculation Sheet, Policyholder Request Correspondence, Proposal, etc.

Group Administrator Signature: _____ Date: _____

Witness Signature: _____ Date: _____