

Shane Hambrose  
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RE: Group Plan Change of Benefit Design

Group Name:  
Group #:  
Customer/CID #:

Dear Shane,

With reference to our in-force AmeriHealth group insurance program group # \_\_\_\_\_, please be advised that we would like to change the benefit design of our plan as follows:

New plan change and plan description:

Do you want the existing plan to remain open: yes or no

This change corresponds to the AmeriHealth suggested options enclosed in the renewal. We understand that the pricing for \_\_\_\_\_ effective date (which corresponds with our anniversary) will be:

Single \$  
Husband/Wife \$  
Parent Child/Children \$  
Family \$

Thank you for your assistance, and for your immediate attention to this matter.

\*\*Please see the attached rate page with option circled and initialed.

**\*\*Please allow 2 weeks for the plan change to be completed**

Sincerely,

Signature