# Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
100 SW Market Street
PO Box 1271
Portland, OR 97207-1271

## Group Change Notification

| Group Number |
|---|
| | | | | | | | |

Effective Date of Change _____

## SECTION A - INFORMATION

**Please complete this form for making the following types of group changes, including but not limited to:**

- Name of the business
- Ownership changes
- Tax ID Number
- Business entity or structure changes
- Headquarters
- Acquisition/Buyout
- Spin-off/Split-off
- Merger

Additional documentation such as the following may be required: Group Profile, Bill of Sale or Sales Agreement, Enrollment/Cancellation Form(s) and Group Master Application.

| SECTION B - EXISTING GROUP INFORMATION | SECTION C - CHANGED GROUP INFORMATION |
|---|---|
| Group's Legal Name | Group's Legal Name |
| Doing Business As (DBA) if applicable | Doing Business As (DBA) if applicable |
| Name to be used by Regence BlueCross BlueShield of Oregon ☐Legal ☐DBA | Name to be used by Regence BlueCross BlueShield of Oregon ☐Legal ☐DBA |
| Federal Tax ID Number (EIN) | Federal Tax ID Number (EIN) |
| Business ID Number | Business ID Number |
| Business Structure<br>☐Sole Proprietorship ☐Corporation<br>☐Partnership ☐Other_____ | Business Structure<br>☐Sole Proprietorship ☐Corporation<br>☐Partnership ☐Other_____ |
| Name of owner(s) - if more than one, indicate percentage of ownership<br><br>_____ _____ %<br>_____ _____ %<br>_____ _____ %<br>_____ _____ %<br>_____ _____ % | Name of owner(s) - if more than one, indicate percentage of ownership<br><br>_____ _____ %<br>_____ _____ %<br>_____ _____ %<br>_____ _____ %<br>_____ _____ % |
| Do any of existing owners meet the group's eligibility requirements? ☐No ☐Yes, please provide names below | Do any of new owners meet the group's eligibility requirements? ☐No ☐Yes, please provide names below |

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| SECTION B - EXISTING GROUP INFORMATION | SECTION C - CHANGED GROUP INFORMATION |
|---|---|
| Are any of existing owners enrolled as an active employee?<br>☐ No ☐ Yes, please provide names below<br><br>_____<br>_____<br>_____<br>_____<br>_____ | Will any of the new owners or prior owners be enrolled as an active employee?<br>☐ No ☐ Yes, please provide names below<br><br>_____<br>_____<br>_____<br>_____<br>_____ |
| Total number of **eligible** employees before change_____<br><br>Total number of **enrolled** employees before change_____ | Total number of **eligible** employees after change_____<br><br>Total number of **enrolled** employees after change_____ |

## SECTION D - AFFILIATION(S)

Is the business or owner affiliated with a parent company, subsidiary or other entity?

☐ No ☐ Yes, please complete a Group Profile Form and provide business name(s):

_____

## SECTION E - OTHER CHANGES

Type of Sale: ☐ Asset Sale ☐ Stock Sale ☐ Not Applicable

## SECTION F - DESCRIPTION OF CHANGE(S)

Please describe change(s)_____

_____
_____
_____
_____
_____
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## SECTION G - ACKNOWLEDGMENT

In signing below, I certify that I am an officer or employee of the Company, that I am duly authorized to execute this Group Change form on behalf of the Company, and that the Company certifies under penalty of perjury that all statements made and information provided in this form are accurate and complete to the best of its knowledge or belief and acknowledges that Regence BlueCross BlueShield of Oregon (Regence) will rely in part on the information in this form as the basis for Regence's decision on whether to approve the change amending the group contract(s). For the protection of all of Regence's members, fraud or misrepresentation of material fact by the Company for the purposes of defrauding Regence may result in Regence taking any action allowed by law or contract, including termination or rescission of coverage, denial of benefits, and/or pursuit of criminal charges and penalties. In addition, Regence will have the right to collect any claims payments or other damages. If Regence continues a group contract with the Company after untrue, incorrect, or incomplete information is found to have been provided, and if as a result of correcting false information the Company no longer qualifies for the rate quoted, I understand that Regence will have the right to adjust the rates to the appropriate level retroactive to the date the misrepresentation occurred, and the Company will be required to pay the rate adjustment within 30 days of the date of notice by Regence.

Group Authorized Signature ▶ _____

Group Authorized Name ▶ _____

Official Title ▶ _____

Signature Date ▶ _____

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