

RENEWAL PLAN DESIGN CHANGE

This form may be used to request plan changes or additional plan designs. If the plan design you choose is on a different license, you will be required to submit an appropriate application for that product. We will notify you if an application is required.

You can make your policy changes in a variety of ways:

- **Mail:** Oxford Group Enrollment, PO Box 29142 Hot Springs, AR 71903.
- **Web:** Go to the 'My Account' section of oxfordhealth.com and use the IDEA Management SystemSM (IDEA) link beginning up to 60 days prior to your renewal.
- **Contact Client Services:** Call 1-888-201-4216 or email groupservices@uhc.com.

Employer group information:

Group Name _____ Oxford Group Number _____

Plan

Plan Number: _____ Plan Name: _____
 Plan Type: _____ Network: (e.g., Freedom, Liberty) _____
 Gated or Non-gated: _____ Office Copayment: _____
 Deductible/Coinsurance: _____ Prescription: _____
 Prescription Deductible (if applicable): _____ Riders: (e.g., Vision, Dental) _____
 Contract or Calendar Year (if applicable): _____ Contract Specific Package (CSP)¹: _____
 High Plan: _____ All Eligible Employees: _____
 Other: _____

¹ CSP information can be located in the subject line of the enclosed letter.

Rates

Tier: _____ Single: _____
 Couple: _____ Parent/Child(ren): _____
 Family: _____

Signature

I, _____ (Name & Title), hereby certify that I am electing to renew my group's Oxford policy with the information contained herein. I understand that this policy will be available to me for the duration of twelve (12) months and is subject to the review and approval of the Oxford enrollment department.

Signature _____ Date _____
 NY-12-558 10828