



A UnitedHealthcare Company

# Small Group Contact/Address/Name Change Form

Oxford Health Plans (NY), Inc. • Oxford Health Insurance Inc. • Oxford Health Plans (NJ), Inc. • Oxford Health Plans (CT), Inc.

Please mail this form to: P.O. Box 7085, Bridgeport, CT 06601-7085

## I. GROUP IDENTIFICATION

1. **Group name:**

2. **Group number:**

- Please indicate change(s) to group information in below boxes.
- Boxes must be complete for processing
- If you have questions regarding this form, please contact Group Services.

3. **Effective date of change:**  -  -

4. **Change in group's primary business address:**

Street

City / State / Zip

5. **Change in group's billing address:**

Street

City / State / Zip

6. **Change in group's benefits administrator or other contacts:**

Codes are indicated below. Please use when adding or deleting a benefits administrator or other authorized contact. (Please be sure to "Add" new Primary Contact if you "Delete" your current Primary Contact.)  
**A = Add D = Delete**  
 Please check one of the titles (Benefits Administrator, etc.) for the person being added or removed from the account.

Code	Name	Phone/Fax	Primary Contact	Billing Contact	Additional Contact

7. **Change in group name or tax ID:**

New Group Name

New Tax ID Number

## II. SMALL GROUP ASSUMPTION AGREEMENT

Any group name or tax identification number change does not end group's obligations, financial and otherwise, previously incurred under the terms of its Oxford Group Enrollment Agreement.

**In order to execute a group contact, address or name change, a signature from an authorized person is required. Signature must be from President, Owner, current BA, Vice President, Director, Executive Officer or high official at the group.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_