



Employer Questionnaire for Existing Small Group Changes

To ensure we understand the changes your company is making, the following query will assist in determining the purpose of the change **prior to requesting the appropriate paperwork**. Please email this completed form to your broker/account manager for further direction

***Please note we do not back-date. The effective date will be the first of the month following completion of underwriting.**

CURRENT COMPANY NAME _____

GROUP # _____ RENEWAL DATE _____ CURRENT COUNTY _____

Name of owners and percentage of ownership _____

BROKER NAME _____ BROKER AGENCY NAME _____

Date the change took place _____

Type of Change:

Merger/Acquisition Name Change Ownership Change Adding Location Adding Site County Change

- If existing company is acquired, will it be dissolved or remain a separate entity? _____
- New group name _____
- Name of **new** owners and percentage of ownership: _____
***If any other companies are commonly owned, you must include a controlled group form.**
- New or additional tax ID # _____ State of Tax ID _____
- New address _____
- Additional location _____
- Will any existing or new employees be affected by the change YES NO
- If yes, in what way? _____

Please provide an explanation below summarizing the changes taking place

Executive Representative of Company

Date