



Small Employer Changes Questionnaire

The information you provide will assist Underwriting in understanding the changes your company is making and determine if additional paperwork will be required to complete the change. Send completed questionnaire to your broker or account manager.

***Changes are not back dated. The effective date of the change will be the first of the month following completion of underwriting.**

Current group #: _____ Current company name: _____

Renewal date: _____ Date the change took place or is taking place: _____

Name of owners and percentage of ownership as it exists prior to change:

Type of Change - Select all that apply:

Merger/Acquisition-another entity Name Change Ownership Change Adding Location-office

- 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 address: _____
- Will any existing employees or new employees be affected by the change (including past and new eligible owners)? Yes No
If yes, in what way? _____

Provide an explanation summarizing the changes:

Executive Representative of Company

Date