

Renewal Date Change Request Form

Use this form to request a change to your renewal date. Please complete the form and submit to CoPower via E-mail to copower.requests@amwins.com or via fax at **650.348.1149**

General Instructions

1. The employer is responsible for confirming all information prior to submitting.
2. Please be aware that changes to effective date may affect your premium. In addition, the carrier group number and division number for some plans may be affected.
3. Be sure to sign and date where indicated.
4. Once the form is complete, make a copy for your records.

Renewal Date Change Guidelines

- Renewal month may only be changed to align with your medical plan renewal. Employers are required to provide evidence of the other carrier's coverage period. You **MUST** attach proof with the request.
- Renewal month changes that result in a rate extension will not be evaluated if your plan is still in your initial rate guarantee period. You must first renew at your current renewal date, then we will accept requests for renewal month changes for the following year.
- Requests must be submitted no less than 90 days in advance of the requested renewal date.
- There is no retro-processing of renewal date alignment.
- Delta Dental Choice plans are not eligible for a renewal change.

Group Information

Group Name:

CoPower ID Number:

Address:

E-mail:

Phone: - -

Fax: - -

Current Renewal Date: / /

Requested Renewal Date: / /

By checking this box, I verify that I have attached proof of medical plan renewal.

Signature

Signature:

Date: / /

Name:

Title: