

SSA Early Renewal Change Attestation

By signing this document I have requested that my group health plan renewal period and open enrollment be changed to______. I understand that my benefit plan year for all plan offerings must now match my renewal period. The benefit plan year is not on a calendar year basis. If the benefit plan year currently does not coincide with the above mentioned renewal date, it will be changed to reflect the same period. As a result of this change all current deductibles and/or other accumulators for all plan offerings will reset to zero effective with the start of my group's new renewal period.

I understand that my group health plan premium rate will also change on the date indicated above. This will be my renewal period and open enrollment going forward. I also understand that all plan offerings must have the same rate effective date, renewal period and benefit plan year.

By signing below, I agree that the requested change to my group health plan's renewal period is for purposes other than to delay compliance with, or avoid, any requirements of the Affordable Care Act.

Please check one of the following options:

I am replacing my existing plan with a plan that has a 5% rate/benefit differential and requesting that all eligible subscribers be moved to the new plan offering. I am attaching applications if needed.

 \Box I am adding a new plan to my existing offerings that has a 5% rate/benefit differential from my existing plan(s). I have attached instructions along with applications for the plan each subscriber has selected.

I agree to hold a new open enrollment for my employees. I also agree to communicate to my employees the fact that their deductibles and accumulators will re-set to zero as of the new renewal period and will now be based on the new benefit plan year.

 Group Name:
 Group Representative Signature

 Coverage Effective Date:
 Broker/Agent Signature

Please include this document with the signed rate sheet(s) and benefit grid(s).