



# 2017-18 Group Data Change Form

The Local Choice Program

Group/Subdivision Name: \_\_\_\_\_ DHRM Group Number: Agy: \_\_\_\_\_ Grp: \_\_\_\_\_ Sub \_\_\_\_\_

**1.  Change Mailing Address.**

Street or P O Box:	Suite:
City:	State: Zip+4:

**2.  Change Shipping Address (physical location).  Shipping Address same as Mailing Address**

Street or P O Box:	Suite:
City:	State: Zip+4:

**3.  Change Benefits Administrator's information. This person handles eligibility and enrollment.**

First Name:	Middle Initial:	Last Name:	Suffix:
Phone: ( ) -	Ext:	Fax: ( ) -	
Email:	ID or SSN:		

**4.  Change Benefits Executive's information. This person authorizes the renewal.**

First Name:	Middle Initial:	Last Name:	Suffix:
Phone: ( ) -	Ext:	Fax: ( ) -	
Email:	ID or SSN:		

**5.  Change Billing Administrator's information. This person receives and handles inquiries about billing.**

First Name:	Middle Initial:	Last Name:	Suffix:
Phone: ( ) -	Ext:	Fax: ( ) -	
Email:	ID or SSN:		

**6.  Change Billing Executive's information. This person authorizes premium payments.**

First Name:	Middle Initial:	Last Name:	Suffix:
Phone: ( ) -	Ext:	Fax: ( ) -	
Email:	ID or SSN:		

**7. Employer Certification.** I certify that the information on this form is complete and accurate to the best of my knowledge.  Yes  No

Date sent to DHRM: Month: Day: Year:	TLC Group Number:
Authorized by: Name:	Phone: ( ) - Ext:

Send authorized form by: Email: [TLC@dhrm.virginia.gov](mailto:TLC@dhrm.virginia.gov), Fax: (804) 786-1708, or Mail: DHRM – TLC, 101 N 14<sup>th</sup> St Fl 13, Richmond, VA 23219