

Renewal Plan Design Change

This form may be used to request plan changes or additional plan designs. If the plan design you choose is on a different license, you will be required to submit an appropriate application for that product. We will notify you if an application is required.

You can make your policy changes in a variety of ways:

- **Mail:** Oxford Group Enrollment, P.O. Box 31391, Salt Lake City, UT 84131
- **Web:** Make changes through our online small group Sales Automation Management tool, referred to as SAMx, which can be accessed on **uhceservices.com**.
- **Contact Client Services:** Call 1-888-201-4216 or email groupservices@uhc.com.

Employer group information:

Group Name _____ Oxford Group Number _____

Plan

Plan Number: _____ Plan Name: _____

Plan Type: _____ Network: (e.g., Freedom, Liberty, Metro) _____

Gated or Non-gated: _____ Office Copayment: _____

Deductible/Coinsurance: _____ Prescription: _____

Prescription Deductible (if applicable): _____ Riders: (e.g., Vision, Dental) _____

Contract or Calendar Year (if applicable): _____ Plan ID¹: _____

High Plan: _____ All Eligible Employees: _____

Other: _____

¹ Plan ID information can be located in the subject line of the enclosed letter.

Rates

Tier: _____ Single: _____

Couple: _____ Parent/Child(ren): _____

Family: _____

Signature

I, _____ (Name & Title), hereby certify that I am electing to renew my group's Oxford policy with the information contained herein. I understand that this policy will be available to me for the duration of twelve (12) months and is subject to the review and approval of the Oxford enrollment department.

Signature _____ Date _____