



Defined Contribution Products Renewal and Savings Form - Groups with 2-50 enrolled

Please type or print clearly



Complete all sections below, sign and date, and return this form at least 30 days prior to your anniversary date.

Contact name _____	Title _____	Total number of employees _____
Group name _____	City _____ State _____ ZIP _____	Federal Tax ID # _____
Email address _____	Telephone number _____	Group/CID # _____

You may choose new plans from the options listed below. Groups with up to 9 enrolled contracts may offer a maximum of 5 plans. Groups with 10 to 19 enrolled contracts may offer up to 10 plans. Groups with more than 19 enrolled contracts may select up to 15 plans. You may contact your IBC account executive for additional information. **Note that all plans include prescription and vision coverage.** Underwriting guidelines do not permit plan changes except on anniversary. IBC requires 75 days advance notice to produce an SBC.

Keystone HMO*	Keystone Direct POS*	Personal Choice® PPO*	Personal Choice HRA	Personal Choice HSA-Qualified	List of plans selected	Bill to account #
<input type="checkbox"/> 1.1	<input type="checkbox"/> 1.1	<input type="checkbox"/> 1.1	<input type="checkbox"/> HRA 3	<input type="checkbox"/> HDHP 1	_____	_____
<input type="checkbox"/> 2.1	<input type="checkbox"/> 2.1	<input type="checkbox"/> 2.1		<input type="checkbox"/> HDHP 3	_____	_____
<input type="checkbox"/> 3	<input type="checkbox"/> 3.2	<input type="checkbox"/> 3.1		<input type="checkbox"/> HDHP 4	_____	_____
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4		<input type="checkbox"/> HDHP 5	_____	_____
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5		<input type="checkbox"/> I have employees interested in opening an HSA account with Bancorp.	_____	_____
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6			_____	_____
<input type="checkbox"/> 7.2	<input type="checkbox"/> 7.2	<input type="checkbox"/> 7.1 <input type="checkbox"/> 8.2			_____	_____
<input type="checkbox"/> Basic Dental	<input type="checkbox"/> Basic Dental				_____	_____
<input type="checkbox"/> Pediatric Dental	<input type="checkbox"/> Pediatric Dental				_____	_____

I would like to add Domestic Partner Coverage. I would like to add coverage for dependents to age 30.

Comments _____

Employer signature _____ Effective date _____

All benefit selections must meet Independence Blue Cross underwriting guidelines including number of plan offerings allowed based on group size.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield, independent licensees of the Blue Cross and Blue Shield Association.