

BIAW Health Insurance Trust

Change Transmittal Form

I. INSTRUCTIONS:

Use this form to: a) Cancel employee coverage; b) Cancel dependent coverage, or c) Update insurance information. For coverage cancellation, the BIAW Administrator must receive this form within 15 days of a participant's last day of coverage. **Do not use this form to add employees and/or dependents to your plan.** The BIAW Employee/Subscriber Application Form, signed by the employee, is required to add new employees and/or dependents to your plan.

Please submit all forms to: BIAW Health Insurance Trust
Attn: EPK & Associates, Inc.
15375 SE 30th Pl Suite 380
Bellevue WA 98007

II. CANCEL EMPLOYEE COVERAGE *(Note: This also cancels dependent coverage, if applicable.)*

To cancel employees from your plan, please provide the information noted below. Coverage will cease at the end of the month in which the participant is no longer eligible or leaves the firm. Assuming timely notification, "cancellation date" will be the first of the month following the employee's loss of eligibility. Contract provisions prohibit retroactive cancellation of coverage.

Name of Employee	Social Security Number	Cancellation Date	Reason for Cancellation

III. CANCEL DEPENDENT COVERAGE ONLY

To cancel an employee's dependent(s) from your plan, please provide the information noted below.

Name of Employee	Social Security Number	Dependent's Name	Cancellation Date

IV. CHANGE INSURANCE INFORMATION *(Name change, correct birthdate, correct SSN, etc.)*

Name of Employee	Social Security Number	Description of Change

V. GENERAL INFORMATION

Name of Employer: _____ Employer Number: _____

The person signing this form below acknowledges and affirms:

1. The employee(s) or dependent(s) listed above have not paid premium to the employer after the effective date of the cancellation request, and
2. The employee(s) or dependent(s) listed above have no expectation of coverage after the effective date of the cancellation request

Employer's Authorized Signature: _____ Title: _____ Date: _____