



SAMPLE ROLLOVER LETTER

Below is a sample **Group Wide Change (GWC) Rollover Letter**. This letter will prompt an SBAM sponsorship request for a Group Blue Cross Shield of Michigan and Blue Care Network insurance plan. It should be printed on the member Company's letterhead and include a signature.

Please submit this letter through your bcbsm.com OneSource account.

On Member Company Letterhead

<<Insert Date>>

To Whom It May Concern:

Re: **<<Insert Company Name>>**
 <<Insert BCBSM / BCN Group Number >>

We are requesting that Blue Cross Blue Shield of Michigan and Blue Care Network assign the Small Business Association of Michigan (SBAM) as the sponsored association for the health insurance of the above mentioned group effective **<<Insert Effective Date Of Insurance>>**.

We are requesting this change so SBAM can provide our company with group health insurance, a free Summary Plan Description, ancillary benefits, and universal billing services through for a low monthly fee of \$7.50 per month.

Thank You,

<<Insert Name>>
<<Insert Title>>
<<Insert Company Name>>
<<Insert BCBSM / BCN Group Number>>