



## INSURANCE SPONSORSHIP ROLLOVER LETTER REQUEST

**Company Name**

**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 on \_\_\_\_\_.

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,

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**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**BCBSM / BCN Group Number** \_\_\_\_\_

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**Signature of Company Representative**

Please submit through your OneSource account and email to [MemberCare@sbam.org](mailto:MemberCare@sbam.org). If you have any questions, please contact us at 877-949-7226.