Insurance Sponsorship Rollover Request

Company Name

City | State | Zip Code

Company Tax ID

Company Contact Person (First and Last Name)

Company Contact Person Email

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 Member Care team can provide our company with group health insurance, a free Summary Plan Description, ancillary benefits, and to approve Small Business Insurance Services third-party billing services for all segments of our group for a low monthly fee of $7.50 per month.

Thank You.

Signature | Date

Printed Name | Title

Please submit through your OneSource account and email to MemberCare@sbam.org. If you have any questions, contact SBAM Member Care at:

sbam.org/membercare
(800) 362-5461