

**PLEASE RE-TYPE  
ON YOUR  
COMPANY LETTERHEAD**

DATE

GROUP NAME & GROUP NUMBER

Dear Sirs,

Please change our GROUP NAME & GROUP NUMBER from MEDICAL COMPANY PLAN to MEDICAL COMPANY PLAN for our MONTH/DAY/YEAR renewal.

The rates are as follows.

Single	\$ rate
Employee & Spouse	\$ rate
Employee & Child(ren)	\$ rate
Family	\$ rate

Thank you for your prompt attention to this matter.

Sincerely,

X  
\_\_\_\_\_  
OWNER