



700 Bishop Street, Suite 300
 Honolulu, HI 96813.4100
 T 808.532.4007
 F 877.222.3198
 uhahealth.com

GROUP INFORMATION CHANGE FORM

Please complete this form when making changes to your group's demographic information or adding/removing a Group Administrator.

Please note: This form is **not** for Online Access. Sign up for access to UHA's Online Employer Services Portal by submitting an Online Agreement and Authorization Form or visit our website: uhahealth.com.

Demographic Changes: **Effective Date of Changes:** _____

Group Name: _____ **Group Number:** _____

Physical Address (Street, City, State, Zip Code):

Mailing Address (Street, City, State, Zip Code):

Phone: (____) _____ **Fax:** (____) _____ **Email:** _____

Add or Remove Group Administrator(s):

Action Required (check one): Add GA Remove GA **Effective Date:** _____

Name: _____ **Position Title:** _____

Mailing Address (Street, City, State, Zip Code):

Phone: (____) _____ **Fax:** (____) _____ **Email:** _____

Action Required (check one): Add GA Remove GA **Effective Date:** _____

Name: _____ **Position Title:** _____

Mailing Address (Street, City, State, Zip Code):

Phone: (____) _____ **Fax:** (____) _____ **Email:** _____

Signature of Authorized Group Administrator / Company Officer: _____

Name of Authorized Group Administrator / Company Officer: _____

Please submit completed form to: UHA
 Attn: Employer Services Department Fax: 1-877-222-3198
 700 Bishop Street, Suite 300 Email: ES@uhahealth.com
 Honolulu, HI 96813-4100