

**Failure to completely fill out & send this form back 90 day's prior to your renewal date will result in your groups premium doubling! No exceptions!**

## **Cultural Group Participation Form**

Group Name:

Policy #

Group #

Renewal date:

### **Due Back By:**

Please list the names of any person who will be canceling coverage with your group between now and the time of renewal, or if no one will be canceling at the time of renewal please state that. Sign, date and return this form. We also need the number of all active members in your group, and the number of all insured members in your group.

**\*\*It is necessary that you complete and send back this form 90 day's prior to your renewal date so the insurance company can review and rate your policy for renewal. Failure to return this form will (most likely) result in an automatic premium increase\*\***

**Total Active members in group X**

**Total Insured members in group X**

**Group Representative Signature:**

X \_\_\_\_\_

**Date:** \_\_\_\_\_