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How to return the form to AFMC:
After filling out this form, simply click on the "Print Form" button, sign it, and fax to 602-417-2871
AFMC Marketing & Network Management, Attention: Kylie Graham

AFMC Revision Notice

Date of Completion: _____ Producer: _____
Group Name: _____
Plan Administrator: _____
Revision Date: _____ Policy Number: _____
Number of EE's: _____

Type of Changes

After checking the type of change you would like to implement, please indicate in the comments box below the **specific change. More than one change can be implemented at a time.**

Example 1: ACME company utilizes AFMC's POS Network and would like to add AFMC's PPO Network. Check the "adding new product" box. Then, in the comments box below, type "ACME company currently uses AFMC's POS Network. Effective 01/1/09, ACME would like to add AFMC's PPO Network". On 1/1/09, ACME Company employees would have access to AFMC's PPO and POS Network.

Example 2: ACME company uses AFMC's POS network and would like to change to AFMC's PPO Network and add Medical Management Services. You would check the "Product Change" and "Adding New Product" boxes. In the comments box, type "Effective, 02/15/09, ACME Company would like to change from the POS Network to the PPO Network, and effective 03/15/09, would like to add Medical Management Services."

- Address Change
- Adding New Product
- Name Change
- Policy Number
- Renewal Date
- Reinstatement
- Product Change

Comments

Contact Information

Company Name: _____ Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Title: _____ E-mail: _____
Phone: _____ Fax: _____
Print Name: _____
Sign Name: _____