



HAWAII MEDICAL ASSURANCE ASSOCIATION

737 Bishop Street, Suite 1200  
Honolulu, Hawaii 96813  
Phone: (808) 941-4622  
Toll-Free: (888) 941-4622  
Fax: (808) 535-8353

## GROUP INFORMATION CHANGE FORM

Please complete this form to submit changes to your group's information.

### Group Information

Group Name:

Group Number:

Division Numbers (if applicable):

Mailing Address:

City, State, ZIP:

Physical Address (if different):

City, State, ZIP:

Contact Person:

Phone:

Fax:

E-mail:

Other Information or Notes:

### Group Administrator

Note: This section will not affect your Online Group Administration (OGA) access, if applicable. Please contact your Account Manager to request changes to your group's OGA access.

Administrator Name	Title	Add	Remove

Effective Date of Changes: \_\_\_\_\_

Signature of authorized individual

Date

Print Name

Title