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Group Information Change Form

Please submit this form to inform us of changes to your group's information. If you email us, please send securely.
 HMAA is not responsible for the security or confidentiality of communications you send by email.

Group Information			
Group Name	Policy #	Division # (if applicable)	
Street Address	City	State	Zip Code
Billing Address (if different from above)	City	State	Zip Code
Name of Contact Person	Phone ()	Fax ()	
Email Address			
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.

Action	Administrator First and Last Name	Title	Contact Information (required when adding an Administrator)
<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change			Phone Email
<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change			Phone Email
<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change			Phone Email
<input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change			Phone Email

Certification & Acknowledgement

By my signature below, I certify the information contained in this form is complete, true, and accurate.

Effective Date of Changes (mm/dd/yy)

Signature of Authorized Individual

Title

Print Name

Date Signed (mm/dd/yy)