



Planwatch Group Reporting Portal Change Request Form

Paramount A/E: _____

Request Date: _____

Requestor:

☐ Broker (Fill in Broker Number _____) OR ☐ Group: _____

Organization Name: _____

Requested Change: **Choose ONLY ONE**

Agent of Record (AOR) Change: _____

Current Agent on File (Broker # _____) / New Agent of Record (Broker # _____)

Email address of NEW AOR _____

Internal Staffing Change: _____

Remove User _____ / Email address of User being removed _____

Add User _____ / Email address of User being added _____

Group Change: _____

Increase in Number of Employees (over 100 employees) _____

Decrease in Number of Employees (51-100 employees) _____

Fully Insured to Self Insured Plan _____

Self Insured to Fully Insured Plan _____

Group Name Change _____ / New Organization Name _____

Internal Use Only:

I, _____ (signature) , as PHC Account Executive for

_____ (Broker or Employer Group) certify that I have reviewed setup detail with group.