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Updated Small Employer Health (SEH) Manual Plan Change Request Form



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The Manual Plan Change Request Form has been enhanced. Effective September 1, 2015, when submitting manual plan changes, please include this enhanced [AmeriHealth New Jersey Manual Plan Change Request Form](#). Please discard all prior manual plan change request forms, and replace with this updated version.

Any manual plan change inquiry may be sent to the RegionalOps@amerihealth.com mailbox. Effective September 1, 2015, this email box will no longer accept administrative changes, terminations or reinstatements.

All other group transactions will continue to be submitted through ROAM.

If you have any further questions, please contact your AmeriHealth New Jersey broker representative.