



BeneFits Dental Plan Change Request Form

If your group does offer "All Dental Plans" and would like to add or change plans, please FAX your completed form to **805-499-0842**.
 If your group does not offer "All Dental Plans" and would like to add or change plans, please FAX your completed form to **805-713-7024**.

Please tell us who you are and how we can reach you:

| | |
|-----------|--------------|
| Group No. | Company Name |
| Phone | Contact Name |
| FAX | Email |

Be sure to complete this section to authorize these changes:

I am an owner or officer of this company, and hereby authorize the following changes to our Anthem Blue Cross group dental coverage portfolio.

Signature _____ Print Name _____

Date _____ Requested Effective Date _____

For each member who wishes to change plans:

Provide their name and identification number, and mark the plan the member wishes to be moved to.

When adding additional dental products please provide:

- 1) Employee Application
- 2) Letter from the company on company letterhead signed by officer
- 3) New enrollees or family additions must complete Dental Applications requesting or declining coverage

| Member's Name | Member's Social Security or ID No. | Dental Blue 200 BeneFits | Dental Net | When choosing Dental Net provide the six-digit dental office number here. |
|---------------|------------------------------------|--------------------------|------------|---|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| 8) | | | | |
| 9) | | | | |
| 10) | | | | |

Contact your agent, our Customer Service at 800-627-8797 from 5:00 a.m. - 7:00 p.m. (PST) or visit anthem.com/ca.

Please photocopy form if additional rows are needed