



51-99 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) Employer Application
- 2) Letter from the group on company letterhead and signed by officer
- 3) New enrollees or family additions must complete Dental Applications requesting or declining coverage

Member's Name	Member's SSN or ID No.	Dental Blue Silver 1000	Dental Blue Gold Plus 1500	Dental Blue Platinum Plus 2000	Silver 1000	Gold Preferred 1500	Platinum Preferred 2000	Standard PPO Dental	Dental Net	Dental Net Provide the 6-digit Dental Office number here
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										

Please photocopy form if additional rows are needed