



# Dental Blue<sup>®</sup> Plan Change Request Form

If your group does offer "All Dental Plans" and would like to add or change plans, please **FAX your completed 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 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 medical coverage.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Date \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

**For each member who wishes to change plans:**

Provide their name and identification number, and check network number under the plan the member wishes to move to.

When adding **additional** dental products please provide:

- 1) Employer Application
- 2) Letter from the group on company letterhead, signed by an officer
- 3) For new enrollees, completed Dental Applications requesting or declining coverage

Member's Name	Member's SSN or ID no.	Dental Blue Silver				Dental Blue Silver Plus				Dental Blue Gold				Dental Blue Gold Plus				Dental Blue Platinum				Dental Blue Platinum Plus			
		100-80	100	200	300	100-80	100	200	300	100-80	100	200	300	100-80	100	200	300	100-80	100	200	300	100-80	100	200	300
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2)																									
3)																									
4)																									
5)																									
6)																									
7)																									
8)																									
9)																									
10)																									

Please photocopy form if additional rows are needed.

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