



# 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) 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 Social Security or ID No.	Dental Blue 200 BeneFits	Dental BeneFits PPO	Dental Net	Dental Net Provide the 6-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](http://anthem.com/ca).

**Please photocopy form if additional rows are needed**