

# EmployeeChoice Medical Plan Change Request



**INSTRUCTIONS:** Print, sign and FAX your completed form to 805-713-7481. Complete this form only for employees who are changing plans. Refer to [anthem.com/easyrenew](http://anthem.com/easyrenew) to help you and your employees make the choice that's right for them. New enrollees or family additions must complete an Employee application requesting coverage.

**PLEASE TELL US WHO YOU ARE AND HOW WE CAN REACH YOU**

Group no.	Company name
Phone no.	Contact name
Fax no.	E-mail (required if electing Anthem Banking Partner)

**Use plan options below as a reference to fill in member plan information. Write or type clearly and use full plan name.**

PPO Plans	Lumenos Plan	HMO Plan
PPO \$35 Copay GenRx PPO \$30 Copay Premier PPO \$20 Copay	Lumenos HSA 3500 (80/50)	Saver \$20 HMO

**PROVIDE EACH MEMBER'S NAME AND IDENTIFICATION NUMBER. THEN, SELECT THE PLAN THE MEMBER WISHES TO MOVE TO**

Member's name	Member's SSN or ID no.	Plan name	Saver \$20 HMO: provide 3- or 6-digit Primary Care Physician no. *
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Important note:** Upgrades and plan additions may require the following: Employer Application, letter from the group signed by an owner or officer, California Quarterly Contribution Return and Report of Wages (Continuation) DE-9C, and this form. **Upgrades and plan additions will be medically underwritten and can be declined.**  
 \*HMO rates are limited in Areas 1, 2, and 8.

**BE SURE TO COMPLETE THIS SECTION TO AUTHORIZE YOUR CHANGES.**

Employer Statement of Understanding – Applies to HSA Compatible and any high deductible plan. I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wrap around product, now or in the future.

For Lumenos plans: Will Employer establish a Health Savings Account with Anthem Banking Partner?  Yes  No

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

Signature <b>X</b>	Date
Print name	Requested effective date

The following plans are offered by Anthem Blue Cross: PPO \$30 Copay, Premier PPO \$20 Copay, Lumenos HSA 3500 (80/50), and Saver \$20 HMO. The PPO \$35 Copay GenRx plan is offered by Anthem Blue Cross Life and Health Insurance Company.

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