



# BeneFits

# Lumenos 3000 HSA-Compatible plan "Open Window" Change Request Form

<b>Instructions to change existing enrollees to Lumenos 3000 HSA-compatible plan:</b>	<ol style="list-style-type: none"> <li>1. Complete Group information and Authorization boxes</li> <li>2. List the name and ID number of members who want to change to the Lumenos 3000 plan</li> <li>3. Fax completed form to <b>805 499-0842</b></li> </ol>
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<b>Group number</b>	<b>Company Name</b>	<b>Phone number</b>
	<b>Contact Name</b>	<b>Fax number</b>

**Authorization**

**Employer's Statement of Understanding**  
 I understand that all HSA-Compatible and high deductible plans are intended to be used only as standalone 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 wraparound product, now or in the future.

**Mellon Bank election**  
 Will Employer establish a Mellon Health Savings Account for the Lumenos 3000 HSA-compatible plan? **Yes ( ) No ( )**  
 If yes, please indicate group email address below (required).

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If Mellon Bank is elected, you will be sent an HSA Agreement form to complete.

**I am an owner or officer of this company, and hereby indicate agreement with the Statement of Understanding and authorize the changes to our Anthem Blue Cross group medical coverage portfolio.**

**Signature** \_\_\_\_\_

**Signature Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Requested Effective Date** \_\_\_\_\_

Member name	ID number
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	