



EmployeeElect “Open Window” Change Request Form “All Plans” Groups (2-50 and 51-99)

If you offer “All Plans,” members can freely move to a different plan - use this form to request member plan changes. FAX your completed form to **805-499-0842**. Complete this form only for employees who are changing plans. Refer to the EmployeeElect/EmployeeChoice renewal CD to help you and your employees make the choice that’s right for them.

Please tell us who you are and how we can reach you:

Group No.	Company Name
Phone	Contact Name
FAX	Email (required if electing Mellon Bank)

Be sure to complete this section to authorize these changes:

Employer Statement of Understanding - Applies to HSA Compatible and any high deductible plans (with the exception of the EPO 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.

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

Signature _____ Date _____
 Print Name _____ Requested Effective Date _____

For each member who wishes to change plans: provide member’s name and identification number, and mark the plan the member wishes to be moved to.

New enrollees or family additions must complete an Employee application requesting coverage.

Will employer establish a Mellon Health Savings Account for the Lumenos HSA (Mellon does not apply to HIA + plans) plan(s)? Yes No

Member’s Name	Member’s SSN or ID No.	Lumenos HSA-Comp 1500	Lumenos HSA-Comp 2000	Lumenos HSA-Comp 3000	Lumenos HIA Plus 3000	PPO 2400 (HSA-Comp)	PPO 3500 (HSA-Comp)	Solution 2500 PPO	Solution 3500 PPO	Solution 5000 PPO	*Power \$35 SelectHMO	Saver \$30 HMO	Classic \$30 HMO	HMO \$25 100%	*Power SelectHMOs are not available in conjunction with any other HMO plan or in Area 1. For HMO plans Provide 3 or 6-digit Primary Care Physician number here.
		1)													
2)															
3)															
4)															
5)															
6)															
7)															
8)															
9)															
10)															

Please photocopy form if additional rows are needed

The following Medical plans are offered by Anthem Blue Cross: HMO \$25 100%, Classic \$30 HMO, Saver \$30 HMO, and Power \$35 SelectHMO: Dental Net, Dental SelectHMO and Voluntary Dental Saver SelectHMO Plan.
 The following Medical plans are offered by Anthem Blue Cross Life and Health Insurance Company: Lumenos HSA 3000, Lumenos HSA 2000, Lumenos HSA 1500, Lumenos HIA Plus 3000, and PPO 3500/2400 (HSA-Compatible) plans, Solution 2500 PPO, Solution 3500 PPO and Solution 5000 PPO.

Health care plans provided by Anthem Blue Cross. Insurance plans provided by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association.
 © ANTHEM and LUMENOS are registered trademarks. ® The Blue Cross name and symbol are registered marks of the Blue Cross Association.