



EmployeeElect Medical Plan Change Request Form “Designated Plans” Group

Fax your completed form to **805-713-7024**. 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	E-mail

Be sure to complete this section to authorize these changes:

Employer Statement of Understanding - Applies to Health Savings Account-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 an HSA 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 _____ Print Name _____
Date _____ 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.

***Important Note:** Upgrades and plans additions require the following: *Employer Application*, letter from the group signed by an owner or officer, *California Quarterly Wage and Withholding Report* (DE-6) and this form. **Upgrades and plan additions will be medically underwritten and can be declined.**

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

Will employer establish a Mellon HSA for the Lumenos plan(s)?
 Yes No

	Premier \$10 Copay	Premier \$20 Copay	Advantage \$25 Copay	\$30 Copay	\$40 Copay	\$35 Copay GenRx	\$45 Copay GenRx	Lumenos HSA-Comp 1500	Lumenos HSA-Comp 2000	Lumenos HSA-Comp 3000	Lumenos HIA Plus 3000	PPO 2400 (HSA-Comp)	PPO 3500 (HSA-Comp)	Power HealthFund 750	Power HealthFund 500	High Deductible EPO	Solution 2500	Solution 3500	Solution 5000	Saver PPO	Basic PPO	HMO 100%	HMO \$25 100%	Classic HMO	Classic \$30 HMO	Saver HMO	Saver \$30 HMO	*Power SelectHMO	*Power \$35 SelectHMO			
Check box to indicate your currently offered plan(s):																																
Check box to indicate any plan(s) you would like to add, if applicable*:																																
Member's Name	Member's SSN or ID No.																															
1)																																
2)																																
3)																																
4)																																
5)																																
6)																																
7)																																
8)																																
9)																																
10)																																

*Power SelectHMO and Power \$35 SelectHMO are not available in conjunction with any other HMO plan or in areas one or eight.

For HMO plans
Provide 3- or 6-digit primary care physician number here.

Please photocopy form if additional rows are needed.

The following medical plans are offered by Anthem Blue Cross: High Deductible EPO Plan, PPO \$40/\$30 Copay, Premier PPO \$20/\$10 Copay, HMO 100%, HMO \$25 100%, Classic HMO, Classic \$30 HMO, Saver HMO, Saver \$30 HMO, Power SelectHMO, and Power \$35 SelectHMO. The following medical plans are offered by Anthem Blue Cross Life and Health: PPO \$45 Copay GenRx, PPO \$35 Copay GenRx, 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, Solution 5000 PPO, Basic PPO, Saver PPO, Advantage PPO \$25 Copay, and Power HealthFund 750/500.

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