

EmployeeChoice Medical Plan Change Request



Print, sign and FAX your completed form to 805-499-0842. Complete this form only for employees who are changing plans. Refer to anthem.com/easyrenew 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 no.	Contact name
FAX no.	E-mail

BE SURE TO COMPLETE THIS SECTION TO AUTHORIZE YOUR 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.

Will employer establish a Mellon Health Savings Account for the Lumenos HSA plan? 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	Print name
Date	Requested effective date

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	Saver \$20 HMO: provide 3- or 6-digit Primary Care Physician number.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

Anthem Blue Cross offers: Saver \$20 HMO, Premier PPO \$20 Copay and PPO \$30 Copay plans. All other plans listed are offered by Anthem Blue Cross Life and Health Insurance Company.
Important note: Upgrades and plan 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.