

# Small Group Benefit Modification Inquiry

Health care plans offered by Anthem Blue Cross  
Insurance plans offered by Anthem Blue Cross Life and Health Insurance Company



**This form may be used for a preliminary review of existing groups (with medical coverage already) requesting to increase coverage or add a plan(s) to the EmployeeElect portfolio.**  
**This form cannot be used to request Risk Adjustment Factor (RAF) reviews.**  
**Please fax this form to Small Group Underwriting at 805-713-7024 or e-mail to [sguwca@wellpoint.com](mailto:sguwca@wellpoint.com)**

GROUP INFORMATION			
Group name		Group no.	Date inquiry submitted
Agent name	Agent ID no.	Phone no. (      )	Fax no. (      )
General agent name	General agent ID no.	Phone no. (      )	Fax no. (      )
<b>Plan Choice</b> <input type="checkbox"/> All plans    OR <input type="checkbox"/> Designated plans (check as many as apply)			
<input type="checkbox"/> Premier PPO \$10 Copay	<input type="checkbox"/> Solution 2500 PPO	<input type="checkbox"/> Lumenos HSA 1500 (80/50)	<input type="checkbox"/> Classic \$20 HMO
<input type="checkbox"/> Premier PPO \$20 Copay	<input type="checkbox"/> Solution 3500 PPO	<input type="checkbox"/> Lumenos HSA 2500 (80/50)	<input type="checkbox"/> Classic \$30 HMO
<input type="checkbox"/> Premier PPO \$30 Copay	<input type="checkbox"/> Solution 5000 PPO	<input type="checkbox"/> Lumenos HSA 3500 (80/50)	<input type="checkbox"/> Classic \$40 HMO
<input type="checkbox"/> PPO \$20 Copay	<input type="checkbox"/> Lumenos HIA Plus 750	<input type="checkbox"/> Elements Hospital Preferred	<input type="checkbox"/> Saver \$20 HMO
<input type="checkbox"/> PPO \$30 Copay	<input type="checkbox"/> Lumenos HIA Plus 500	<input type="checkbox"/> Elements Hospital Plus	<input type="checkbox"/> Saver \$30 HMO
<input type="checkbox"/> PPO \$40 Copay	<input type="checkbox"/> Lumenos HSA 2000 (100/70)	<input type="checkbox"/> Elements Hospital	<input type="checkbox"/> Saver \$40 HMO
<input type="checkbox"/> PPO \$25 Copay GenRx	<input type="checkbox"/> Lumenos HSA 3000 (100/70)	<input type="checkbox"/> High Deductible EPO	<input type="checkbox"/> Select \$25 HMO
<input type="checkbox"/> PPO \$35 Copay GenRx	<input type="checkbox"/> Lumenos HSA 5000 (100/70)	<input type="checkbox"/> HMO \$10 100%	<input type="checkbox"/> Select \$35 HMO
<input type="checkbox"/> PPO \$45 Copay GenRx		<input type="checkbox"/> HMO \$25 100%	<input type="checkbox"/> Other _____

**GENERAL QUESTIONS AND INFORMATION** *(Please use this section to request or give information that will assist us in reviewing this inquiry.)*

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**UNDERWRITING RESPONSE**

Potential for:    Approval     Decline     See *Notes* below     See *Next Steps* below

Notes

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Underwriter name	Phone no. (      )	Date
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**NEXT STEPS** *(after response to this inquiry is received)*

Submit actual Benefit Modification including the following:

1. Letter from the group on company letterhead signed by an owner or officer
2. Employer application
3. *Medical Plan Change Request* form or *Change of Coverage* applications
4. *Current California Quarterly Tax and Wages* report (DE6)
5. *Statement of Understanding* (when choosing HSA-compatible plans)

**The final decision will be based upon the underwriter's review of all documentation submitted.**