

# Employee Elect Medical Plan Change Request – “All Plans” (2-50)



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](http://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 (required if electing Mellon Bank)

**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(s)? (Mellon does not apply to HIA+ plans)      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	For HMO plans: 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.**

\*Select HMO is not available in conjunction with any other HMO plan or in Areas 1 or 8.

The following Medical and Dental plans are offered by Anthem Blue Cross: High Deductible EPO Plan, PPO \$40/\$30 Copay, Premier PPO \$20/\$10 Copay, HMO 100%, Classic HMO, Saver HMO, and Power SelectHMO; Dental Net, Dental SelectHMO and Voluntary Dental Saver SelectHMO Plan. The following Medical and Dental plans are offered by Anthem Blue Cross Life and Health: PPO \$45 Copay GenRx, Lumenos HSA 3000, 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, PPO \$35 Copay GenRx, Advantage PPO \$25 Copay, Power HealthFund 750/500, Hospital Benefits, Hospital Benefits Preferred, Plans Silver 1000, Gold 1500, Gold Preferred 1500, Platinum 2000, Platinum Preferred 2000, Basic Option PPO, Standard Option PPO, High Option PPO, Dental Blue, Fee-for-Service Dental plans and Voluntary PPO Dental Plan. SmileNet Dental Discount Program is offered by Anthem Blue Cross Life and Health. Term Life and AD&D products offered by Anthem Blue Cross Life and Health. Workers' Compensation coverage is provided through Employers Compensation Insurance Company. 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 is a registered trademark. ® The Blue Cross name and symbol are registered marks of the Blue Cross Association. ECAFRI223CEN Rev. 5/09