



Sec. 2

Are you entitled to Medicare due to ESRD (permanent kidney failure)?  Yes  No

Is anyone enrolling in this coverage entitled to benefits for surgical, medical or dental expenses from any other group insurance (excluding Medicare, SRS, Medicaid)?  Yes  No

Section 3

To drop family members, complete this section:

Check one:  Change to myself only  Change to myself and my spouse  Change to myself and my child(ren)

Retain family and terminate coverage for: \_\_\_\_\_

Give reason:  Divorce  Death  Child married  Other (give reason): \_\_\_\_\_

Date of occurrence --  
MM DD YYYY

Last	Name First	M.I.	Date of Birth		
			Month	Day	Year

Section 4

To change the Primary Care Physician\*\*, complete this section: (Blue Select or Premier Blue only)

Change will be effective the first of the month following receipt of request.

Reason for change: \_\_\_\_\_

Name     
Last First MI

New Primary Care Physician    
Name City

Name     
Last First MI

New Primary Care Physician    
Name City

Section 5

To change name, address and phone number, complete this section:

\*\*If Blue Select or Premier Blue, address change may require PCP change.

Change name to:

Name     
Last First MI

Change address to:

Address   
Street  
     
City State ZIP Code County

Change telephone number to: --  
Area Code

Section 6

Other changes and comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To receive credit for any waiting periods for pre-existing conditions under your previous coverage, you must submit a Certificate of Creditable Coverage. Contact your previous employer and/or insurer.

To process the above changes, please sign and date:

Signature **X** \_\_\_\_\_

Date / /

Signature of group administrator \_\_\_\_\_

Date / /