



# Medical Plan Change Requests - "Designated Plans" Groups

If you designate a specific mix of plans to be available for enrollment, use this form to request member plan changes.  
**FAX your completed form to 805-480-7024**



**Please tell us who you are and how we can reach you:**

Blue Cross Group No.	Company Name
Phone	Contact Name
FAX	E-mail

**Be sure to complete this Certification to authorize these changes:**

I am an owner or officer of this company, and hereby authorize the following changes to our Blue Cross group medical coverage.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**First, write in the names of the plans available to your group members.**

- List only designated plans you currently offer.
- If you want to change your designated plans, you'll need to write us a letter requesting those changes; upon underwriting approval (if needed), you can then use this form to list your new plan mix.

**Next, for each member who wishes to change plans,** please provide their name and identification number, and check the plan to which the member wishes to be moved.

Member's Name	Member's Social Security or ID No.	Plan 1:	Plan 2:	Plan 3:	Plan 4:	Plan 5:	Plan 6:	Plan 7:	Plan 8:	
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										

For HMO plans, please provide 3- or 6-digit Primary Care Physician number here.

Please photocopy form if additional rows are needed

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