



# Dental Plan Change Request Form

This form replaces the *Change of Coverage Application*

If your group does offer "All Dental Plans" and would like to add or change plans, please **FAX your completed form to 805-499-0842**.  
 If your group does not offer "All Dental Plans" and would like to add or change plans, please **FAX your completed form to 805-713-7024**.

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

Group No.	Company Name
Phone	Contact Name
FAX	Email

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

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

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

**For each member who wishes to change plans:**

Provide their name and identification number, and check network number under the plan the member wishes to move to.

When adding **additional** dental products please provide:

- 1) Employer Application
- 2) Letter from the group on company letterhead, signed by an officer
- 3) For new enrollees, completed Dental Applications requesting or declining coverage

Member's Name	Member's SSN or ID no.	High Option PPO	Standard Option PPO	Basic Option PPO	Dental Net	Dental SelectHMO	Traditional Metallic: Platinum Preferred 2000	Traditional Metallic: Platinum 2000	Traditional Metallic: Gold Preferred 1500	Traditional Metallic: Gold 1500	Traditional Metallic: Silver 1000	Dental Net or Dental SelectHMO  Provide the six-digit Dental office number here.
1)												
2)												
3)												
4)												
5)												
6)												
7)												
8)												
9)												
10)												

Please photocopy form if additional rows are needed. Contact your agent or Customer Service at 800-627-8797 if you have questions.

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