



BeneFits Medical Plan Change Request Form

FAX your completed form to **805-499-0842**. Complete this form only for employees who are changing plans. Refer to the EmployeeElect/EmployeeChoice renewal CD to help you and your employees make the choice that's right for them.

Be sure to complete this section to authorize these changes:

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

Group No.	Company Name
Phone	Contact Name
FAX	Email: (required if electing Mellon Bank)

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.

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 _____

For each member who wishes to change plans: provide member's name and identification number and mark the plan the member wishes to move to. Please note that the Hospital BeneFits Preferred Plan includes Dental and Vision coverage; members cannot be enrolled in this plan at the same time they are enrolled in any stand-alone Anthem Blue Cross Dental or Vision plans offered by the employer. **New enrollees or family additions must complete an Employee application requesting coverage.**

Will employer establish a Mellon Health Savings Account? ___ Yes ___ No

For each member who wishes to change plans:
 Provide member's name and identification number, and mark the plan the member wishes to be moved to.

Member's Name	Member's SSN or ID No.	Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA-Comp 3000	\$35 Copay GenRx	*Power Select HMO	*Power Select HMO is not available in Areas 1 or 8. If Power Select HMO plan is checked, provide 3 or 6-digit Primary Care Physician number here.
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								

Please photocopy form if additional rows are needed

Anthem Blue Cross offers PPO \$30/\$40 Copay, Premier \$20/\$10 Copay, EPO and all HMO plans. All other plans listed are offered by Anthem Blue Cross Life and Health Insurance Company.

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