



Regence BlueCross BlueShield of Utah is an independent licensee of the Blue Cross and Blue Shield Association



CHANGE FORM E-27

Regence BlueCross BlueShield of Utah and its non-insurer subsidiary, Regence ValueCare and/or Regence HealthWise
 Attn: Membership #4
 PO Box 30270
 Salt Lake City, Utah 84130-0270

SUBSCRIBER INFO	<p>(PLEASE PRINT)</p> <p>_____ (Last Name) (First Name) (Initial)</p> <p>Subscriber Identification Number: _____</p> <p>Current Employer Group Name: _____</p> <p>Current Employer Group Number: _____</p>	<p style="text-align: center;">INSTRUCTIONS</p> <p>For name, address, family status and/or life beneficiary changes, please complete the appropriate section(s) below. All other changes should be reported on the "Application for Enrollment/Waiver" form. Leave all shaded areas blank for the use of Regence BlueCross BlueShield of Utah. Failure to complete all applicable information may result in a delay in processing your membership.</p>
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ADDRESS CHANGE	<p>New Mailing Address or PO Box if applicable _____ (Street) (Apt.)</p> <p>_____ (City) (State) (Zip)</p>
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NAME CHANGE	<p>From: _____ To: _____</p> <p>If reason for change is marriage, list Date of Marriage (mm/dd/yyyy) _____ and check appropriate space below:</p> <p><input type="checkbox"/> I wish to add my spouse to my coverage and have accordingly listed his/her name in the "Additional Family Members" section.</p> <p><input type="checkbox"/> I do not wish to add my spouse to my coverage.</p>
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Effective Date	Membership Status	Adult Code	Family Members	Special Code	Medically Underwritten
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Please complete the "Prior Coverage Information" form if you are adding a family member and if you are employed by a company with fewer than 51 employees who are eligible for health insurance.

ADDITIONAL FAMILY MEMBERS							Must be completed for each member covered by other insurance (including Medicare)			
	Relationship to Subscriber	Full Name(s) of Member(s) to be Covered	Birthdate (mm/dd/yyyy)	Height Ft -- In	Weight Lbs.	Social Security Number For Each Dependent	Carrier Name	Medical	Dental	Drug
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			/ /	--						
			/ /	--						
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DELETION OF MEMBERS	Relationship to Subscriber	Full Name(s) of Member(s) to be Deleted	For Each Change - List:	
			Reason	Effective Date (mm/dd/yyyy)
	Subscriber <input type="checkbox"/> M <input type="checkbox"/> F			
	Spouse <input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			

LIFE CHANGES	If your life or disability insurance is administered by Regence Life and Health Insurance Company and you wish to make changes, please contact your Plan Administrator for further instructions.
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PRE-EXISTING CONDITIONS	Any coverage issued in connection with the addition of any family member through submission of this Change Form E-27 may contain a limitation on the coverage of pre-existing conditions. If the added family member has prior creditable coverage, it may be available to reduce the period of the pre-existing condition limitation. We will assist the added family member in obtaining a certificate of creditable coverage, if necessary.
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SIGNATURE	<p>I, the undersigned, hereby request Regence BlueCross BlueShield of Utah, Regence HealthWise and/or Regence ValueCare, hereinafter known as "the Plan," to change my membership in the Plan as noted hereon, subject to prevailing rules, regulations and premiums of the Plan and in accordance with my present contract with the Plan. I understand any change in family status may affect my monthly premiums.</p> <p>Any matter in dispute between you and the Plan may be subject to arbitration as an alternative to court action pursuant to the rules of, the American Arbitration Association or other recognized arbitrator, a copy of which is available on request from the Plan. The Plan shall bear the costs of arbitration, filing fees, administrative fees and arbitrator fees. Other expenses of arbitration, including, but not limited to: attorney fees, expenses of discovery, witnesses, stenographer, translators, and similar expenses, will be borne by the party incurring those expenses. Any decision reached by arbitration shall be binding upon both you and the Plan. The arbitration award may include attorney's fees, if allowed by state law, and may be entered as a judgment in any court of proper jurisdiction.</p>
	<p>_____</p> <p>Subscriber Signature</p>
	<p>_____</p> <p>Date Signed</p>