



Plan Option Change Form

IMPORTANT: Use this form only if you want to change your Anthem Blue Cross Life and Health Insurance Company (Anthem) individual health benefit policy.

If you would like to change your current policy during this limited time offer:

- Premium rates will vary based on the new benefit level or new policy/plan you choose. Please visit **changemycoverage.com** for information about premiums and coverage available. You may also contact your Anthem agent or call our Customer Service team at **(866) 636-8991** to discuss your choices.
- Complete the form below and fax or mail it so Anthem receives the form no later than **June 30, 2011**.

Please be aware of the following before you change your policy:

- Your current policy must be paid to July 1, 2011 in order to change.
- You will not be subject to medical underwriting.
- This completed Plan Option Change Form must be received by Anthem on or before June 30, 2011.
- Your new policy/plan will be effective on July 1, 2011.

Please Note: Requests to change policies received after June 30, 2011 will not be considered or be effective under this special offer which ends on June 30, 2011. Change forms received after June 30, 2011 may require an application to be completed and may be subject to medical underwriting, unless you wish to move to a policy/plan of equal or lesser value.

By Mail:

Mail this form to:
Individual Membership Team
P.O. Box 9051
Oxnard, CA 93031-9051

By Fax:

Fax this form to:
866-931-1829

Yes, I would like to change to the following Anthem health benefit policy/plan. I understand this change will become effective on July 1, 2011 as long as my current plan is paid to July 1, 2011 and Anthem receives my request by June 30, 2011.

Name of New Health Benefit Policy/Plan: _____

New Deductible Level for Health Benefit Policy/Plan: _____

Subscriber Name (print): _____ **ID#:** _____

Signature of Subscriber: _____

Date: _____

My Anthem Agent's Name: (if you have one) Ross A Mills

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