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## **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									
FAX	Email					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.			Dental Blue Silver 100-80 Dental Blue Silver Plus 100-80	-80		00	9	08-001						
When additional dental products please provide:  1) Employee Application 2) Letter from the company on company letterhead signed by an officer 3) For new enrollees, completed Dental Applications requesting or declining coverage		Dental Blue Gold 100-80		Dental Blue Gold Plus 100-80	Dental Blue Platinum 100-80	Dental Blue Platinum Plus 100-80	Basic Option PPO	Standard Option PPO	High Option PPO	Dental Net	When choosing Dental Net provide the six-digit dental office number here.			
Member's N	ame	Member's SSN or ID no.	Dent	Dent	Dent	Dent	Dent	Dent	Basic	Stan	High	Dent		
1)														
2)														
3)														
4)														
5)														
6)														
7)														
8)														
9)					1									

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