



Individual Billed Member Change of Status Request

Table with columns: SUBSCRIBER NAME, GROUP NUMBER, CONTRACT NUMBER (Required)

Please type to ensure accurate processing of your request.

MEMBER CHANGES

Add the following person(s) to my contract. Note: A copy of a driver's license is required to add anyone age 19 years or older.

Reason: Marriage Birth Other

Remove the following person(s) from my contract:

Reason: Death Divorce Enrolled in Medicare Blue (Contract ID#) Effective Date: Other:

Table with columns: Last Name, First Name, M.I., Sex, Date of Birth, Social Security Number, Date of Event, *Rel. Code

*Relationship Codes:

- N - Biological/Adopted Child, P - Principal Support, C - Court Order Coverage, S - Stepchild, A - Child Adoption in Progress, D - Disabled Child, F - Family Continuation 19-25, L - Legal Guardianship

COVERAGE CHANGES

Change my health care plan to: (Note: plan changes are allowed only at contract anniversary date.)

Traditional plans: Option A Option C

PPO plans:

- Individual Care Blue Plus, Flexible Blue II- 1500, Young Adult Blue Max, Flexible Blue II- 2500, Flexible Blue II- 5000, Keep Fit, 1500, 2500, 5000, 7500, 10,000

Stand-alone Dental Plans: Personal Blue Dental Personal Blue Dental Plus

Medicare Supplemental plans: Plan A Plan C

To enroll in Medicare Advantage (Medicare Plus Blue or Prescription Blue Plans), you must call 1-800-485-4415

Note: If you are under 65 Non-Medicare and changing to a Medicare supplemental plan you must submit a new application.

OTHER CHANGES

Name Change: Last Name, First Name, Middle Initial

Address Change: Address, City, State, Zip Code

Telephone Number Change: []

I certify that the requirements of eligibility are met and that the information I have given on this Change of Status Request is true and correct to the best of my knowledge.

Terminate my contract effective next billing period or as of this date. If you terminate your coverage, you will not be allowed to enroll in any BCBSM individual market product for 6 months after your termination date.

Medicare Plus Blue ID#

Effective Date:

SUBSCRIBER'S SIGNATURE

DATE

Mail all change of status requests to: Blue Cross Blue Shield of Michigan, P.O. Box 44407, Detroit MI 48244-0407

Premium payments sent to this address could delay access to your benefits. You may Fax to: 1-866-392-7528

For questions, please call the customer service number located on the back of your BCBSM ID card.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

NOTES

1. If current product not listed, only newborns can be added to current coverage. Notification required within 30 days of birth.
2. Not available as Group Conversion
3. EFT and e-mail address required to enroll in Young Adult Blue Max. Call the customer service number located on the back of your BCBSM ID card to change to Young Adult Blue Max.
4. Stand-alone dental plans are available as an option to all products except Individual Care Blue Plus, Flexible Blue II-1500, Flexible Blue-2500, and Flexible Blue II- 5000
5. If new to Medicare and changing to Medicare Supplemental Plan, you must submit a new application.
6. If moving to Medicare Plus Blue plan please provide your ID number and effective date.
7. Requests to terminate coverage must be for a future date unless the member has passed away. Some Exceptions apply when termination is due to obtaining other Blue Cross Blue Shield of Michigan coverage.