



Plan Option Change Form

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

If you would like to change your plan/policy during this one-time open enrollment period which ends on March 30, 2011:

- Please review the enclosed Product Comparison(s). You can choose any of the plans/policies listed.
- Premium rates will vary based on the new plan/policy you choose. You may view your current plan/policy benefits and rate compared to other plans/policies by visiting changemycoverage.com. You may also contact your Anthem agent or call **866-636-8991** to discuss choices available to you.
- Complete the form below and fax or mail it so Anthem receives the form no later than March 30, 2011.

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

- Your current plan/policy must be paid to April 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 by March 30, 2011.
- Your new plan/policy effective date will be April 1, 2011.

Please Note: Requests to change plans/policies received after March 30, 2011 will not be considered or be effective under this one-time open enrollment period which ends on March 30, 2011. Change forms received after March 30, 2011 may require an application to be completed and may be subject to medical underwriting.

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 plan/policy during this one-time open enrollment period. I understand this change will become effective on April 1, 2011 as long as my current plan/policy is paid to April 1, 2011 and Anthem receives my request by March 30, 2011.

New Health Benefit Plan/Policy Name and Deductible Level (as shown in the enclosed Product Comparison(s)):

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

Signature of Subscriber: _____

Date: _____

My Anthem Agent's Name: _____ **Agent ID#:** _____