



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 _____
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.

When adding **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

Member's Name	Member's SSN or ID no.	Dental Blue Silver 100-80	Dental Blue Silver Plus 100-80	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	Other _____	When choosing Dental Net provide the six-digit dental office number here.
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
10)													

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

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