



Dental Blue[®] Plan Change Request Form

If your group *does not* offer "All Dental Plans" and would like to add or change plans, please refer to the instructions below.
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 Blue Cross group dental coverage portfolio.

Signature _____ Date _____

Print Name _____ 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) Employer Application
- 2) Letter from the group on company letterhead, signed by an officer
- 3) For new enrollees, completed Dental Applications requesting or declining coverage

	Member's Name	Member's Social Security or ID No.	Dental Blue Silver			Dental Blue Silver Plus			Dental Blue Gold			Dental Blue Gold Plus			Dental Blue Platinum			Dental Blue Platinum Plus		
			100	200	300	100	200	300	100	200	300	100	200	300	100	200	300	100	200	300
1)																				
2)																				
3)																				
4)																				
5)																				
6)																				
7)																				
8)																				
9)																				
10)																				

Please photocopy form if additional rows are needed.