



## MEMBER PLAN CHANGE REQUEST FORM

Dear Member:

If you wish to change your plan, please complete, sign, and return this form to:

Blue Cross of California  
 Attention: Membership Services  
 P.O. Box 9051  
 Oxnard, CA 93031-9051  
 Fax Number (805) 480-8845

**Please complete all three (3) steps and print clearly:**

**Step 1—Tell us who you are:**

<b>Subscriber Name</b>	<b>ID Number</b>

**Step 2—Please find your current plan and select the plan you would like to change to:**

<p><b>Change my PPO Share 500 Plan to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PPO Share 1000</li> <li><input type="checkbox"/> PPO Share 1500</li> <li><input type="checkbox"/> PPO Share 2500</li> <li><input type="checkbox"/> PPO Share 5000</li> <li><input type="checkbox"/> PPO Saver</li> <li><input type="checkbox"/> PPO Basic 1000</li> <li><input type="checkbox"/> PPO Basic 2500</li> <li><input type="checkbox"/> CORE 5000</li> </ul>	<p><b>Change my PPO Share 1000 Plan to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PPO Share 1500</li> <li><input type="checkbox"/> PPO Share 2500</li> <li><input type="checkbox"/> PPO Share 5000</li> <li><input type="checkbox"/> PPO Saver</li> <li><input type="checkbox"/> PPO Basic 1000</li> <li><input type="checkbox"/> PPO Basic 2500</li> <li><input type="checkbox"/> CORE 5000</li> </ul>	<p><b>Change my PPO Share 1500 Plan to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PPO Share 2500</li> <li><input type="checkbox"/> PPO Share 5000</li> <li><input type="checkbox"/> PPO Saver</li> <li><input type="checkbox"/> PPO Basic 1000</li> <li><input type="checkbox"/> PPO Basic 2500</li> <li><input type="checkbox"/> CORE 5000</li> </ul>
<p><b>Change my PPO Share 2500 Plan to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PPO Share 5000</li> <li><input type="checkbox"/> PPO Saver</li> <li><input type="checkbox"/> PPO Basic 1000</li> <li><input type="checkbox"/> PPO Basic 2500</li> <li><input type="checkbox"/> CORE 5000</li> </ul>	<p><b>Change my PPO Share 5000 Plan to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PPO Basic 1000</li> <li><input type="checkbox"/> PPO Basic 2500</li> <li><input type="checkbox"/> CORE 5000</li> </ul>	<p><b>Change my PPO Basic 1000 Plan to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PPO Basic 2500</li> <li><input type="checkbox"/> CORE 5000</li> </ul>

**Step 3—Sign and date this form:**

I understand my new plan will go into effect the first of the month following the day Blue Cross of California receives this request.

<b>Signature</b>	<b>Date</b>

If you would like to move to another Blue Cross Individual Plan or your current plan is not listed here, please visit our Web site at [www.bccplanoptions.com](http://www.bccplanoptions.com) or contact your Blue Cross agent. You can also call Customer Service at (866) 249-4844 from 8:30 am to Midnight, Monday through Friday, to explore your options.

Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA. The following plans are offered by BCC: PPO Share 2500/1500/1000/500, Individual HMO, HMO Saver, Select HMO, EPO and Dental SelectHMO. The following plans are offered by BCL&H: Basic PPO 1000/2500, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible), Short-Term PPO, Tonik, CORE 5000 and Individual PPO Dental.