HIGHMARK Delaware

Mail to: Premium Billing 1-7-01
Highmark Blue Cross Blue Shield Delaware
Wilmington, DE 19899

INDIVIDUAL MARKET CHANGE IN COVERAGE FORM

How to complete this form (Please PRINT):

1. Contract holder must complete Section 1. This section must be completed for all changes.
2. Complete Section 2 if you are removing a dependent. Be sure to include "Reason for Change."
3. Complete Section 3 if you are requesting to downgrade coverage.
4. Complete Section 4 if you are changing your address or name.
5. Complete Section 5 if you are canceling coverage.

Please note that if you wish to **add** a dependent child or spouse or if you are requesting an **upgrade** in coverage you must complete an application. That application will be medically underwritten and subject to Highmark Blue Cross Blue Shield Delaware approval.

SECTION 1 GENERAL INFORMATION

Contract Holder Last Name	First Name	M.I.	Requested Effective Date of Change (Form must be received by Highmark DE 7 days prior to requested effective date.)

Social Security Number	Or:	Highmark DE ID#

Street Address	City	State	Zip

SECTION 2 REMOVING A DEPENDENT (spouse* and/or dependent child(ren))

☐ Please remove my spouse or dependent listed below

Last Name	First Name	M.I.	Relationship (spouse or child)	Reason for change **(must be provided)**

SECTION 3 DOWNGRADE COVERAGE (Applies to all persons covered under contract. All coverage changes are subject to Highmark DE approval.)

If you decide to make an "off-cycle" (e.g., any month other than your renewal month) change in coverage during your plan year, your plan deductible and coinsurance may restart when your new coverage becomes effective. This means you may lose any money previously accumulated toward your deductible and/or coinsurance maximums in your current plan year. Additionally, your annual renewal date may change. We suggest you contact Highmark DE at 800.633.2563 to discuss your options prior to requesting an off-cycle plan change. All coverage changes are subject to Highmark DE approval.

Change coverage to:
☐ EPO $30 $1,200/$2,400 ☐ BlueAdvantage HSA PPO $1,800/$3,600 ☐ BlueAdvantage HSA EPO $2,000/$6,000
☐ EPO $40 $2,400/$4,800 ☐ BlueAdvantage HSA PPO $3,000/$6,000 ☐ BlueAdvantage HSA EPO $3,000/$9,000

*If not currently enrolled in a Highmark DE HSA compatible plan, you must complete the HSA Addendum form and submit with this change form. If you will be using Bancorp for your savings account, you will also need to submit the BlueAdvantage Authorization for Release of Information form. These forms are available at highmarkbcbsde.com.

SECTION 4 CHANGE OF NAME OR ADDRESS

☐ Change address to:	Street Address	City	State	Zip

☐ Change name

From:	Last Name	First Name	M.I.	To:	Last Name	First Name	M.I.

SECTION 5 CANCELING COVERAGE (Applies to all persons covered under contract; including spouse and dependents)

☐ Please cancel coverage ***Note:*** *If you wish to cancel coverage because you have become Medicare eligible and your spouse and dependents wish to retain coverage – please contact Customer Service for additional information.*

SECTION 6 TERMS OF AGREEMENT

☐ I hereby apply for amendment of my contract. I understand and agree that the change(s) 1) shall not become effective unless and until Highmark DE accepts this application, and 2) will be subject to the terms of the contract currently in effect with Highmark DE.

Contract Holder Signature	Current Date
Spouse (or Child 18 or Older) Signature	Current Date

HIGHMARK DE USE ONLY	Effective Date:	Is this a new agent for this customer? ☐ Yes ☐ No
GENERAL AGENT USE ONLY	Agent Name:	Agent No:
BROKER/PRODUCER USE ONLY	1). Did you review the completed	If NO, please explain: application with the applicant(s)? ☐ Yes ☐ No
	2). Are you aware of any undisclosed or misrepresented information on this application that would have an impact on Highmark DE's decision to approve or deny the applicant(s)? ☐ Yes ☐ No	If YES, please explain:

Broker Name (Print):	Broker Signature:	Broker Number:	Date:

*Effective January 1, 2012, Highmark DE's definition of spouse includes civil union partners for all group and individual insured policies.