

Missouri Downgrade/Policy Change Form



PO Box 34200
Louisville KY 40232-4200

This form cannot be used to:

- Add a Spouse
- Add a Dependent (except for *newborn child)
- Upgrade Product benefits
- Make changes to Life Coverage
- Add optional coverage rider

*Note—Newborns will be covered from the date of birth if notification is made within 31 days of date of birth or adoption placement.

All changes will be effective on the date requested unless otherwise notified by Anthem.

Section A – Coverage Information				
Anthem individual policy coverage Policy No. _____			Effective month requested: _____	
Your renewal month will not change.				
Section B – Applicant Information				
Applicant Name				ID#
Section C – Change to Address or Telephone Number				
Home Address (street and P.O. Box if applicable)				
City				
State			Zip	
Section D – Other Policy Changes				
Delete Covered Members (Attach additional sheet if necessary)				
Dependent Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Reason
Dependent Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Reason
Add Newborn Dependent (Must be added within 31 days of birth or adoption placement.)				
Dependent Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Change Billing Option (If automatic bank draft is selected, please enclose required authorization form.)				
<input type="checkbox"/> Direct Bill (billed at home) <input type="checkbox"/> Automatic Bank Draft		Please change my bill frequency to: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
AUTOMATIC BANK DRAFT (automatic premium withdrawals)—your premium will be deducted on the same day of the month as your assigned effective date. (You MUST attach a blank voided check on page 2.)				
I authorize Anthem Blue Cross and Blue Shield to initiate premium deductions from the checking account indicated and the designated financial institution to debit the same account. I understand that this authorization is in effect until I notify Anthem in writing that I no longer desire this service, allowing them reasonable time to act upon my notification. I understand Anthem and my financial institution have the right to discontinue the withdrawals if they wish to do so.			Account holder's name (please print)	
			Account holder's signature (if other than the applicant)	
Cancel Coverage			Cancel Optional Coverage	
<input type="checkbox"/> Cancel all Anthem coverage for myself and, if applicable, my spouse and dependents. <input type="checkbox"/> Cancel Dental only <input type="checkbox"/> Cancel Life only			<input type="checkbox"/> Maternity Rider	

Lang Insurance Service, Inc.; (636) 441-0211; www.langinsurance.com

Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT) and Healthy Alliance® Life Insurance Company (HALIC) use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC. RIT and HALIC are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Section E – Change to Higher Deductible Amount

You must complete a new application to change to a lower deductible amount. This form can be used for the plans listed below. You can downgrade an Rx option too by selecting a lower amount below.

<p>BLUE ACCESS CHOICE (Only available to residents of the following counties: Franklin, Jefferson, St. Charles, St. Francois, St. Louis City, St. Louis, and Warren)</p> <p>Blue Access Choice Value</p> <p>Deductible (choose one) <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000</p> <p>Rx Options (choose one) <input type="checkbox"/> \$15/\$30/\$60/25% (\$500 deductible) <input type="checkbox"/> \$15 Generic only (\$500 maximum) <input type="checkbox"/> Discount only</p> <p>Blue Access Choice Economy</p> <p>Deductible (choose one) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Rx Options (choose one) <input type="checkbox"/> \$15/\$30/\$60/25% (\$500 deductible) <input type="checkbox"/> \$15 Generic only (\$500 maximum) <input type="checkbox"/> Discount only</p> <p>Blue Access Choice 80[†] (deductibles—choose one) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500</p> <p>Blue Access Choice 90[†] (deductibles—choose one) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500</p> <p>Blue Access Choice 100[†] (deductibles—choose one) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000</p> <p>†Blue Access Choice 80/90/100 Rx Options/Riders (Rx default is \$15 generic) <input type="checkbox"/> \$15/\$30/\$60/25% <input type="checkbox"/> \$15 Generic only <input type="checkbox"/> \$15/\$30/\$60/25% (\$500 deductible) <input type="checkbox"/> Optional Maternity Rider</p>	<p>BLUE ACCESS</p> <p>Blue Access Value</p> <p>Deductible (choose one) <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000</p> <p>Rx Options (choose one) <input type="checkbox"/> \$15/\$30/\$60/25% (\$500 deductible) <input type="checkbox"/> \$15 Generic only (\$500 maximum) <input type="checkbox"/> Discount only</p> <p>Blue Access Economy</p> <p>Deductible (choose one) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Rx Options (choose one) <input type="checkbox"/> \$15/\$30/\$60/25% (\$500 deductible) <input type="checkbox"/> \$15 Generic only (\$500 maximum) <input type="checkbox"/> Discount only</p> <p>Blue Access 80[†] (deductibles—choose one) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500</p> <p>Blue Access 90[†] (deductibles—choose one) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500</p> <p>Blue Access 100[†] (deductibles—choose one) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000</p> <p>†Blue Access 80/90/100 Rx Options/Riders (Rx default is \$15 generic) <input type="checkbox"/> \$15/\$30/\$60/25% <input type="checkbox"/> \$15 Generic only <input type="checkbox"/> \$15/\$30/\$60/25% (\$500 deductible) <input type="checkbox"/> Optional Maternity Rider</p>
<p><input type="checkbox"/> Blue Preferred HMO 90 Select one Rx option: <input type="checkbox"/> \$15/\$30/\$60/25% <input type="checkbox"/> \$15 Generic only</p>	
<p>Select ONE Plan then select ONE Deductible and any optional Riders</p> <p>Lumenos[®] Health Savings Account</p> <p><input type="checkbox"/> Plan 1 (0% coinsurance) <input type="checkbox"/> \$1,500/\$3,000 <input type="checkbox"/> \$3,000/\$6,000 <input type="checkbox"/> \$5,000/\$10,000</p> <p><input type="checkbox"/> Plan 2 (20% coinsurance) <input type="checkbox"/> \$1,500/\$3,000 <input type="checkbox"/> \$3,000/\$6,000</p> <p><input type="checkbox"/> Yes, I would like to establish a health savings account in conjunction with the HSA-compatible health plan I selected above. Please forward my information to Anthem's banking partner. (Please fill in your social security number in section B.)</p> <p><input type="checkbox"/> No, I DO NOT want to establish a health savings account in conjunction with the HSA-compatible health plan I selected above. Please DO NOT forward my information to Anthem's banking partner.</p>	<p>Lumenos[®] Health Incentive Account Plus</p> <p><input type="checkbox"/> Plan 1 (0% coinsurance) <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$5,000/\$10,000 <input type="checkbox"/> \$10,000/\$20,000</p> <p><input type="checkbox"/> Plan 2 (20% coinsurance) <input type="checkbox"/> \$2,500/\$5,000</p> <p>Lumenos[®] Health Incentive Account</p> <p><input type="checkbox"/> Plan 1 (0% coinsurance) <input type="checkbox"/> \$1,000/\$2,000 <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$5,000/\$10,000</p> <p><input type="checkbox"/> Plan 2 (20% coinsurance) <input type="checkbox"/> \$1,000/\$2,000 <input type="checkbox"/> \$2,500/\$5,000</p> <p>Optional riders: <input type="checkbox"/> Maternity</p>

I expressly understand that this Downgrade/Policy Change Form amends the application previously submitted by me and shall become part of the terms of my policy or certificate of coverage.

Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan or other person, files an application for insurance or other form of health care coverage containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Signature

Date

Staple
blank, voided check here

Staple
blank, voided check here