



**Please print clearly.**

**Group Rep Signature/Date**

## Instructions for completing the Enrollment Form

**DESIRED ACTION** Check the appropriate action and indicate the Date(s) in the space provided. An Event Date is the date of a specific occurrence, due to change in status, marriage, divorce, birth or adoption, anniversary date, or rate change. Your request **must** be received within 30 days of the Event Date. Please see your Group Representative for events that fall outside the 30 day period. If New Add Subscriber, Add Dependent or Change Coverage, you must also check Desired Coverage and Persons Covered and Family Member information sections

### Cancel Request

To process a Subscriber or Member Cancellation, please use the **Membership Cancellation Worksheet – OR -**

#### To Cancel an Employee/Subscriber using this Form:

- check Subscriber (S) box
- check Products to be cancelled (Dental)
- indicate Reason Code in space provided (see codes below)
- indicate Cancellation Date in space provided
- complete Subscriber Information

#### To Cancel a Dependent using this Form:

- check Dependent (M) box
- check Products to be cancelled (Dental)
- indicate Reason Code in space provided (see codes below)
- indicate Cancellation Date in space provided
- complete Subscriber Information
- Complete Member Name and Member Birthdate

#### Cancel Subscriber Reasons

LE – Left Employer/No Longer Eligible	CE – Cobra End Date
CP- Commercial	SR – Subscriber Request
CB – Cobra Begin Date	SD – Subscriber Deceased
CD – Cobra Disabled Date	SB – Spouse's BCBS
	MC - Medicaid

#### Cancel Dependent Reasons

MA – Marriage	MB – Cobra Begin Date
OA – Dependent Over Age	MR- Subscriber Request
DM – Deceased	DV - Divorce

If the only change is one of the following, please call Customer Service at the number listed below. A Group Enrollment Form is not required.

- |           |             |       |          |                  |
|-----------|-------------|-------|----------|------------------|
| ➤ Address | ➤ Birthdate | ➤ PCP | ➤ OB/GYN | ➤ Medical Center |
|-----------|-------------|-------|----------|------------------|

### FAMILY MEMBER AND DOCTOR INFORMATION

Use an additional form, if more than three persons.

#### QUALIFIED GUIDELINES:

- A legal spouse (an ex-spouse is not a qualified member as of the divorce date)
- Must be under the dependent age for your group
  - Unmarried child, natural, adopted or stepchild
  - A full time student (indicate under Relationship)
  - Chiefly dependent on you for support
- **Other: Please contact Customer Service for the appropriate form. These dependents have additional eligibility requirements.**  
Dependents pending adoption, grandchild or foster dependents, foreign exchange students, dependents for whom employee/subscriber has legal custody or legal guardianship, or a dependent who is claimed on subscriber's current federal income tax return, or a handicapped dependent who is over the dependent age for your group.

### RELEASE

- I acknowledge and agree that by signing this enrollment form and subsequently accepting services, I and everyone else who is covered under the contract or certificate you issue is bound by the terms and conditions of the contract or certificate applicable to my coverage. This includes, without limitation, the terms and conditions regarding the receipt and release of medical records and information. I make this acknowledgement and agreement on behalf of myself and each other person who now or in the future accept coverage under the terms of the contract applicable to my coverage (who may include, for example, my spouse and my eligible family dependents).
- I hereby accept responsibility for payment of any portion of the premium.
- I understand that any claim by me or one of my eligible family members may be denied and my coverage canceled upon one month's written notice, if I have knowingly included false information.

**If you have any questions, please contact Customer Service at:  
Excellus BlueCross BlueShield, (800) 724-1675 or TTY (585) 454-2845**