

COVERAGE CHANGE / TERMINATION FORM FOR GROUP USE ONLY



Important Information – Please Read:

- For expedited processing, please access the online Blue Access for Employer (BAE) portal at www.bcbstx.com to submit your coverage changes or termination requests. Note: Coverage changes / termination transactions entered into the Blue Access for Employers (BAE) portal are updated immediately.
- For Employee coverage changes / terminations submitted by United States mail, the following will apply:
 - Coverage Change: The filing limit for reporting changes is 31 days from the date of the qualifying event.
 - Terminations: Termination submission will be process according to the date the Coverage Change / Termination Form is received by the BCBSTX processing office <u>not</u> the postmark date of the correspondence.

Note: Reporting all changes/terminations as they occur will ensure timely processing.

- Do <u>not</u> use this form to cancel Life Coverage. Please contact Fort Dearborn Life to cancel life coverage.
- Upon completion of this form, please submit to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, Texas 75265-5730.

Account Name: Account Number: *					
Subscriber Number	Name of Participant(s) affected by change requested or Subscriber Name if entire membership cancellation.	Cancel Health (check if applicable)	Cancel Dental (check if applicable)	Reason for Change (choose from code table below)	Effective Date of Change / Last Date of Employment
* Please obtain your acco	ount number from the top right-hand corner of your bill	ling statement.		1	
Signature (Group Adminstrator): Prepared Date:			Reason for Change Codes: L = Left our Employment C = Cancel at Members Request D = Deceased T = Category Transfer – list transfer to/from Category M = Military Service O = Opt for Other Carrier / Insurer Coverage		

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