

# Change request form

Group name \_\_\_\_\_

<b>Medical group number</b>	<b>Dental group number</b>	<b>Vision group number</b>		
<b>Medical member ID number</b>	<b>Dental member ID number</b>	<b>Vision member ID number</b>		
<b>First name</b>	<b>Middle initial</b>	<b>Last name</b>		
<b>Social Security number</b> Check if SSN corrected	<b>Date of birth</b> (mm/dd/yy) Check if DOB corrected	<b>Phone</b> Check if phone changed		
<b>Street or PO box</b> Check if address changed	<b>City</b>	<b>State</b>	<b>ZIP</b>	

## Change coverage as indicated below:

**Name change:** Current name: \_\_\_\_\_ New name: \_\_\_\_\_

**1095 reporting:** Transfer to Tax ID (EIN): \_\_\_\_\_

**Move to division/package number:** \_\_\_\_\_

**Terminate/Cancel employee:** Date of termination (mm/dd/yy): \_\_\_\_\_

Has the employee being terminated contributed to the premium past the termination date requested?    **Yes**    **No**

**Gender change:** The health plan currently shows my gender as    **Male**    **Female**

Change the health plan records to show my gender as    **Male**    **Female**

**Cancel health and retain LIFE Only coverage:** Date of termination (mm/dd/yy): \_\_\_\_\_

### Terminate coverage for a family member

1. Member name: \_\_\_\_\_ Date of termination (mm/dd/yy): \_\_\_\_\_

2. Member name: \_\_\_\_\_ Date of termination (mm/dd/yy): \_\_\_\_\_

### USable Life Insurance – Beneficiary Change

First name	M.I.	Last name	Date of birth (mm/dd/yy)	Relationship	%

### Select or Change Primary Care Physician (PCP)

1. Member name: \_\_\_\_\_ PCP name: \_\_\_\_\_ PCP number: \_\_\_\_\_

Clinic name: \_\_\_\_\_ Clinic address: \_\_\_\_\_

In signing below, I represent that the statements and answers given in this application are true, complete and correctly recorded. I understand that any fraudulent statement, omission, or material misrepresentation may result in cancellation of any coverage issued in reliance thereon, and that Arkansas Blue Cross and Blue Shield, Health Advantage, and/or USable Life may recover monies and damages incidental and consequential to that result.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<b>Member signature</b>	<b>Date signed</b> (mm/dd/yy)
<b>Group administrator signature</b>	<b>Date signed</b> (mm/dd/yy)

# Small Group

## Allen Glenn

Agent /Broker Representative  
[asglenn@arkbluecross.com](mailto:asglenn@arkbluecross.com)  
Office: 479-648-6342  
Cell: 479-650-6299

**Tonya Moore**  
Market Service Representative  
[trmoore@arkbluecross.com](mailto:trmoore@arkbluecross.com)  
Office: 479-648-6325

**Michelle Parsley**  
Small Group Sales Support  
[mcparsley@arkbluecross.com](mailto:mcparsley@arkbluecross.com)  
Office: 479-527-2339

**Nicole Bader**  
Group Service Coordinator  
[smallgroupservice@arkbluecross.com](mailto:smallgroupservice@arkbluecross.com)  
Office: 479-648-6313

## John Kimbrough

Agent/Broker Representative  
[jwkimbrough@arkbluecross.com](mailto:jwkimbrough@arkbluecross.com)  
Office: 501-378-2335  
Cell: 501-580-3471

**Teresa Steege**  
Market Service Representative  
[tdabington@arkbluecross.com](mailto:tdabington@arkbluecross.com)  
Office: 501-378-2337

**Tara Kogel**  
Market Service Representative  
[tmkogel@arkbluecross.com](mailto:tmkogel@arkbluecross.com)  
Office: 501-378-2396

**Christy Holt**  
Small Group Sales Support  
[caholt@arkbluecross.com](mailto:caholt@arkbluecross.com)  
Office: 870-974-5722

**Reggie Brown**  
Group Service Coordinator  
[smallgroupservice@arkbluecross.com](mailto:smallgroupservice@arkbluecross.com)  
Office: 501-399-3979

## Chad Dodson Manager, Small Group Sales

Phone: 870-779-9114 | Cell: 903-277-5525  
[mcdodson@arkbluecross.com](mailto:mcdodson@arkbluecross.com)

## Shan Serrano

Agent/Broker Representative  
[swserrano@arkbluecross.com](mailto:swserrano@arkbluecross.com)  
Office: 870-779-9148  
Cell: 501-786-1714

**Tara Kogel**  
Market Service Representative  
[tmkogel@arkbluecross.com](mailto:tmkogel@arkbluecross.com)  
Office: 501-378-2396

**Shelby Robbins**  
Small Group Sales Support  
[smrobbins@arkbluecross.com](mailto:smrobbins@arkbluecross.com)  
Office: 870-779-9118

**Connie Casey**  
Group Service Coordinator  
[smallgroupservice@arkbluecross.com](mailto:smallgroupservice@arkbluecross.com)  
Office: 479-527-2338

## Judy Stephens

Agent/Broker Representative  
[jlstephens@arkbluecross.com](mailto:jlstephens@arkbluecross.com)  
Phone: 870-543-2903  
Cell: 870-489-1700

**Teresa Steege**  
Market Service Representative  
[tdabington@arkbluecross.com](mailto:tdabington@arkbluecross.com)  
Office: 501-378-2337

**Christy Holt**  
Small Group Sales Support  
[caholt@arkbluecross.com](mailto:caholt@arkbluecross.com)  
Office: 870-974-5722

**Shelby Robbins**  
Small Group Sales Support  
[smrobbins@arkbluecross.com](mailto:smrobbins@arkbluecross.com)  
Office: 870-779-9118

**Ashley White**  
Group Service Coordinator  
[smallgroupservice@arkbluecross.com](mailto:smallgroupservice@arkbluecross.com)  
Office: 501-399-3991

**Paper Application and Change Form Submissions**  
[groupchanges@arkbluecross.com](mailto:groupchanges@arkbluecross.com)

**Service Inquiries**  
[smallgroupservice@arkbluecross.com](mailto:smallgroupservice@arkbluecross.com)



Arkansas  
**BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

# Large Group Account Management, Fully Insured

**Karen Woodward**

Account Manager  
[krwoodward@arkbluecross.com](mailto:krwoodward@arkbluecross.com)  
479-527-2343

**Karen Chism**  
Market Service Representative  
[kechism@arkbluecross.com](mailto:kechism@arkbluecross.com)  
479-527-2313

**Brittany Rogers**  
Group Service Coordinator  
[bfrogers@arkbluecross.com](mailto:bfrogers@arkbluecross.com)  
870-974-5704

**David Needham**

Account Manager  
[dwnedham@arkbluecross.com](mailto:dwnedham@arkbluecross.com)  
479-648-6324

**Art Rideout**  
Market Service Representative  
[aerideout@arkbluecross.com](mailto:aerideout@arkbluecross.com)  
479-648-6336

**Ariel Bowers**  
Group Service Coordinator  
[ambowers@arkbluecross.com](mailto:ambowers@arkbluecross.com)  
479-648-6360

**Kayla Propps**

Account Manager  
[kkpropps@arkbluecross.com](mailto:kkpropps@arkbluecross.com)  
870-779-9141

**Patty Harris**  
Market Service Representative  
[puharris@arkbluecross.com](mailto:puharris@arkbluecross.com)  
501-620-2631

**Amanda Rowlett**  
Group Service Coordinator  
[anrowlett@arkbluecross.com](mailto:anrowlett@arkbluecross.com)  
870-974-5703

**Tim McCall**

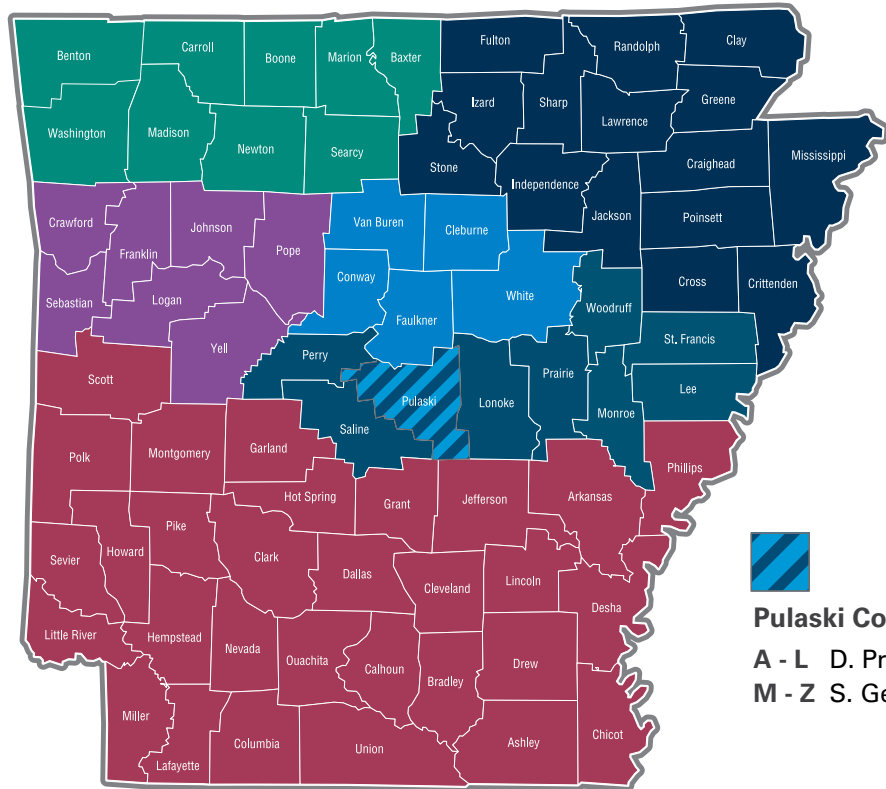
Account Manager  
[mtmccall@arkbluecross.com](mailto:mtmccall@arkbluecross.com)  
870-974-5764

**Judi Andrews**  
Market Service Representative  
[jaandrews@arkbluecross.com](mailto:jaandrews@arkbluecross.com)  
870-897-0252

**Russell Waters**  
Group Service Coordinator  
[arwaters@arkbluecross.com](mailto:arwaters@arkbluecross.com)  
870-779-9115

**Lynette VanDyke**

Manager, Large Group Account Management  
[mlvandyke@arkbluecross.com](mailto:mlvandyke@arkbluecross.com)  
501-378-2349



**Pulaski County**  
A - L D. Price  
M - Z S. George

**Sonya George**

Account Manager  
[sageorge@arkbluecross.com](mailto:sageorge@arkbluecross.com)  
501-378-2426

**Janette Spicer**  
Market Service Representative  
[jmspicer@arkbluecross.com](mailto:jmspicer@arkbluecross.com)  
870-543-2925

**Kizzy Collins**  
Group Service Coordinator  
[kscollins@arkbluecross.com](mailto:kscollins@arkbluecross.com)  
479-527-2353

**Dustin Price**

Account Manager  
[dsprice@arkbluecross.com](mailto:dsprice@arkbluecross.com)  
870-974-5762

**Corrie Nelson**  
Market Service Representative  
[chnelson@arkbluecross.com](mailto:chnelson@arkbluecross.com)  
870-543-2942

**Candiss Caldwell**  
Group Service Coordinator  
[cjcaldwell@arkbluecross.com](mailto:cjcaldwell@arkbluecross.com)  
870-543-2947