



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Cross and Blue Shield
ATTN: Customer Accounts 2 North
P O Box 2181
Little Rock, AR 72203-9974
Fax 501-378-3248
E-Mail: Groupaccounts@arkbluecross.com

ID #

Group
Name:

Group #:

Health Advantage



Health Advantage
ATTN: Customer Accounts
P O Box 8069
Little Rock, AR 72203-8069
Fax 501-301-6869
E-Mail: HAcustaccts@arkbluecross.com

CHANGE REQUEST FORM

First Name	M.I.	Last Name	Social Security No.	Date of Birth / /
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Home Address <input type="checkbox"/> Check if Changed	Phone # <input type="checkbox"/> Check if Changed
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Change coverage as indicated below:

- Name Change: Current Name : _____ New Name : _____
- Terminate/Cancel Employee: Date of Termination: ____ / ____ / ____
- Terminate coverage for a Family Member :
 1. Member Name: _____ Termination Date: ____ / ____ / ____
 2. Member Name: _____ Termination Date: ____ / ____ / ____

USable Life Insurance – Beneficiary Change

USable Life is an independent company and operates separately from Arkansas Blue Cross and Blue Shield and Health Advantage. USable Life does not sell or service Arkansas Blue Cross and Blue Shield or Health Advantage products. USable Life is solely responsible for life insurance.

I hereby designate the beneficiary or beneficiaries listed below under this certificate and revoke the appointment of any existing beneficiary.

First Name	MI	Last Name	Date of Birth	Relationship
			/ /	
			/ /	

The following changes apply to Health Advantage contracts only:

- Select or Change Primary Care Physician (PCP)
 1. Member Name _____ PCP Name: _____ PCP # : _____
Clinic Name _____ Clinic Address: _____
 2. Member Name: _____ PCP Name: _____ PCP # : _____
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.

Member Signature _____	____ / ____ / ____ Date
Group Administrator Signature _____	____ / ____ / ____ Date