

**ID #** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**Group #:** \_\_\_\_\_

**Email:** Groupaccounts@arkbluecross.com  
**Mail:** Arkansas Blue Cross and Blue Shield  
 ATTN: Customer Accounts  
 PO Box 2181  
 Little Rock, AR 72203-9974  
**Fax:** 501-378-3248

**Email:** HACustacctcs@arkbluecross.com  
**Mail:** Health Advantage  
 ATTN: Customer Accounts  
 PO Box 8069  
 Little Rock, AR 72203-8069  
**Fax:** 501-301-6869

**CHANGE REQUEST FORM**

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

**Change coverage as indicated below:**

Name Change Current Name: \_\_\_\_\_ New Name: \_\_\_\_\_

1095 Reporting Transfer to Tax ID (EIN) \_\_\_\_\_

Terminate/Cancel Employee Date of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Terminate coverage for a Family Member

1. Member Name: \_\_\_\_\_ Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Member Name: \_\_\_\_\_ Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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	M.I.	Last Name	Date of Birth	Relationship
			/ /	
			/ /	

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

## NON-DISCRIMINATION AND LANGUAGE ASSISTANCE NOTICE

**NOTICE:** Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex.

We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in various formats (large print, audio, accessible electronic formats, other formats), and language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. **If you need these services, contact our Civil Rights Coordinator.**

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Civil Rights Coordinator**

601 Gaines Street, Little Rock, AR 72201  
Phone: 1-844-662-2276; TDD: 1-844-662-2275

You can file a grievance in person, by mail, or by email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201  
Phone: 1-800-368-1019; TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION: Language assistance services, free of charge, are available to you. Call 1-844-662-2276.**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276.

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-662-2276。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-662-2276 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-662-2276.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-662-2276.

**ملاحظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. إتصل بالرقم 1-844-662-2276.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-662-2276.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-662-2276.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-662-2276.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-662-2276.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-662-2276.

**注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-662-2276 まで、お電話にてご連絡ください。

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-662-2276.

**توجه:** اگر بہ زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-844-662-2276 تماس بگیرید.

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-662-2276.

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-662-2276 पर कॉल करें।

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-662-2276.

**انتباه:** اگر آپ اردو بولتے ہیں تو، آپ کے لئے زبان کی مدد کی خدمات بلا معاوضہ دستیاب ہیں۔ 1-844-662-2276 پر کال کریں۔

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-662-2276.

**LALE:** Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok 1-844-662-2276.