

Membership Changes

Individual and family plans

Use this form to update your information, change your current plan because of a qualifying life event or cancel your coverage.

If you enrolled in your plan through the Health Insurance Marketplace (your enrollee ID starts with XYW), you must call the Marketplace directly at 1-800-318-2596 to make all membership changes.

A qualifying life event - **listed below in Section D** - allows you to make changes to your current coverage, generally within 60 days of the event. To complete your request, some events require documentation to confirm them. If you have any questions, call the Customer Service number on the back of your Blue Care Network member ID card.

A Enrollee information

First name _____ Last name _____ M.I. _____

Enrollee ID (number on your card beginning with XYB) _____

B Apply changes to (check each type of coverage you're changing and fill out group number from each card)

☐ Medical _____ ☐ Dental _____ ☐ Vision _____

C Enrollee changes (check and fill out all that apply)

☐ Enrollee name change First _____ Last _____ M.I. _____

☐ Date of birth change (MM/DD/YYYY) _____ ☐ Social Security number _____

☐ Residential address change

A residential address change may result in a change in premium rates. A change of address requires proof of residency (driver's license, rental lease or mortgage agreement).

Address _____

City _____ State _____ ZIP _____

☐ Alternate mailing address (an alternate address is for routing of mail only)

Address _____

City _____ State _____ ZIP _____

☐ Telephone number change

Home _____ Cell _____

D Qualifying life event (Check event below and fill out all information for the dependents you're adding or removing.) When submitting a completed form, attach copies of the required documentation for the checked life event. Refer to bcbsm.com/documents for a full list of acceptable documentation.

Date of event (MM/DD/YYYY) _____

☐ Marriage (marriage license required)

☐ Death (death certificate required)

☐ Birth (birth certificate or verification of birth required)

☐ Divorce (divorce decree or legal separation documentation required)

☐ Adoption (legal guardianship, foster parenthood, adoption or placement for adoption documentation required)

☐ Enrolled in Medicare (proof of coverage with effective date required)

☐ Loss of coverage (prior coverage documentation required)

☐ Other _____

Dependent information¹ (only dependent(s) you are adding or removing)

☐ ADD dependent ☐ REMOVE dependent

First name _____ Last name _____ M.I. _____

Date of birth (MM/DD/YYYY) _____ Social Security number _____

Relationship to subscriber _____ Gender (M/F) _____ Tobacco user² (required yes or no) _____

☐ ADD dependent ☐ REMOVE dependent

First name _____ Last name _____ M.I. _____

Date of birth (MM/DD/YYYY) _____ Social Security number _____

Relationship to subscriber _____ Gender (M/F) _____ Tobacco user² (required yes or no) _____

☐ ADD dependent ☐ REMOVE dependent

First name _____ Last name _____ M.I. _____

Date of birth (MM/DD/YYYY) _____ Social Security number _____

Relationship to subscriber _____ Gender (M/F) _____ Tobacco user² (required yes or no) _____

¹ By signing this change of status form, if you have dependents under the age of 19, you attest to being compliant with ACA and essential health benefits requirements by having purchased a certified pediatric dental plan either with Blue Cross Blue Shield of Michigan or with another company.

² During the past six months, has the new dependent age 18 or older been a regular tobacco user (four or more times per week, excluding religious or ceremonial use)?

Blue Cross reserves the right to verify tobacco use and to adjust your premium accordingly. Please see Terms and Conditions for additional information at bcbsm.com.

E 2025 Medical plan (check one below)Coverage varies by plan type: go to [bcbsm.com](https://www.bcbsm.com) to learn more.☐ **Keep current plan:** _____

Metro Detroit HMO (BCN plans)	Local HMO (BCN plans)
<p>Silver</p> <p><input type="checkbox"/> Blue Cross® Metro Detroit HMO Silver Extra</p> <p><input type="checkbox"/> Blue Cross® Metro Detroit HMO Silver Off Marketplace</p> <p>Bronze</p> <p><input type="checkbox"/> Blue Cross® Metro Detroit HMO Bronze Saver HSA (available off-marketplace only)</p> <p><input type="checkbox"/> Blue Cross® Metro Detroit HMO Bronze Extra</p> <p>To learn about the Metro Detroit HMO network, and to see if your doctor is in network, visit bcbsm.com/marketplace/metro-detroit-hmo.</p>	<p>Silver</p> <p><input type="checkbox"/> Blue Cross® Local HMO Silver Extra</p> <p><input type="checkbox"/> Blue Cross® Local HMO Silver Saver</p> <p><input type="checkbox"/> Blue Cross® Local HMO Silver Off Marketplace</p> <p>Bronze</p> <p><input type="checkbox"/> Blue Cross® Local HMO Bronze Saver HSA (available off-marketplace only)</p> <p><input type="checkbox"/> Blue Cross® Local HMO Bronze Secure</p> <p><input type="checkbox"/> Blue Cross® Local HMO Bronze Extra</p> <p>To learn about the Local HMO network, and to see if your doctor is in network, visit bcbsm.com/marketplace/local-hmo.</p>
Select HMO (BCN plans)	Preferred HMO (BCN plans)
<p>Silver</p> <p><input type="checkbox"/> Blue Cross® Select HMO Silver Extra</p> <p><input type="checkbox"/> Blue Cross® Select HMO Silver</p> <p><input type="checkbox"/> Blue Cross® Select HMO Silver Saver</p> <p><input type="checkbox"/> Blue Cross® Select HMO Silver Off Marketplace</p> <p>Bronze</p> <p><input type="checkbox"/> Blue Cross® Select HMO Bronze Saver HSA</p> <p><input type="checkbox"/> Blue Cross® Select HMO Bronze Secure</p> <p><input type="checkbox"/> Blue Cross® Select HMO Bronze Extra</p> <p>Catastrophic</p> <p><input type="checkbox"/> Blue Cross® Select HMO Value (under age 30 before the plan effective date)</p> <p>To learn about the Select HMO network, and to see if your doctor is in network, visit bcbsm.com/marketplace/select-hmo.</p>	<p>Gold</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Gold</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Gold Extra</p> <p>Silver</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Silver Extra</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Silver (available in the lower peninsula)</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Silver Saver (Available statewide, except for Wayne, Oakland and Macomb counties)</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Silver Off Marketplace</p> <p>Bronze</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Bronze Saver HSA</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Bronze Extra</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Bronze Secure (available statewide, except for Wayne, Oakland and Macomb counties)</p> <p>Catastrophic</p> <p><input type="checkbox"/> Blue Cross® Preferred HMO Value (under age 30 before the plan effective date and available statewide, except for the Select Network – 20 counties)</p> <p>To learn about the Preferred HMO network, and to see if your doctor is in network, visit bcbsm.com/marketplace/preferred-hmo.</p>

F Voluntary contract termination

Please terminate this contract (for plan(s) selected in Section A)

Cancellation date will be the date we received this request, unless you specify a future cancellation date.

Requested date: _____

Without a qualifying event to enroll in coverage, cancellation of a policy may not allow you to enroll in another plan until the next open enrollment period, which starts in the 4th quarter of each year.

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SECTION D Required documentation

- i** AUffU YC ஸ்ஹ/ஹ\ •A
i 6JfH (ஸ்கூ/ஸ்கூA /A/ஸ்கூ) A ஸ்கூ
i 5Xcdjcb (ஸ்கூ ஸ்ஹ • @ ஸ்கூ • C/A/ஸ்கூ) @ [ஸ்கூ] ஸ்கூ A/A
] ஸ்கூ \ ஸ்கூ /A/ஸ்கூ] ஸ்கூ /A/ஸ்கூ \ ஸ்கூ
i 8YUH (ஸ்கூ/ஸ்கூA)
i 8j cW (ஸ்கூ /A/ஸ்கூ/A/ஸ்கூ ஸ்ஹ) A/ஸ்கூ { \ ஸ்கூ } D
i Enrolls In Medicare (proof of coverage with effective date) A

Internal use only (Agent or Health Plan Advisor)

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Agent/Advisor Signature _____ 8 UHr

We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-469-2583 TTY: 711 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل برقم 877-469-2583 TTY: 711 أو تحدث إلى مزود الخدمة الخاص بك.

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。请致电 877-469-2583 (TTY: 711) 或咨询您的服务提供者。

අවධානය යොමු කරමින්: ඔබ ඉංග්‍රීසි කතා කරන්නේ නම්, නිවැරදි ආවේණික ආධාර සේවාවන් තුළින් තොරව තොරතුරු සැපයිය හැකි ආකාරයට සැපයිය හැකි වේ. 877-469-2583 TTY: 711 හිට කතා කරන්න.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndiha të përshtatshme dhe shërbime shpesh për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다. 877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 877-469-2583 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください。

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются

бесплатно. Позвоните по телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

Discrimination is against the law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711. Here's how you can file a civil right complaint if you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has 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 in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 888-605-6461, TTY: 711
Fax: 866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the [Office for Civil Rights Complaint Portal website](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, TTD: 800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services [Office for Civil Rights website](https://www.hhs.gov/ocr/complaints/index.html) <https://www.hhs.gov/ocr/complaints/index.html>.

[This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/](https://www.hhs.gov/ocr/complaints/index.html)