

Change effective October 1, 2025
October 1, 2025 – September 30, 2026

First and Last Name – **Please Print**

K Number

MEDICAL

- I would like to move from Blue Cross 100% to Blue Cross 90%.
- I would like to move from Blue Cross 100% to Blue Cross 80%.
- I would like to move from Blue Cross 90% to Blue Cross 100%.
- I would like to move from Blue Cross 90% to Blue Cross 80%.
- I would like to move from Blue Cross 80% to Blue Cross 100%.
- I would like to move from Blue Cross 80% to Blue Cross 90%.

DENTAL

- I would like to move from Delta PPO to Delta Dental Incentive.
- I would like to move from Delta Premier (Incentive) to Delta PPO.
- I would like to move from a Delta Dental plan to the Anthem Dental PPO.
***(You will need to complete an enrollment form for Anthem Dental).**

Signature

Date

