GHIHMO

PO Box 4181
Kingston, NY 12402
Toll Free (877) 244-4466
Toll Free Fax (888) 382-1031

# CHANGE / CANCELLATION / CONVERSION FORM

| DATE FORM COMPLETED |
|---|
| |

| EMPLOYER GROUP NAME | DIVISION NUMBER | SUBSCRIBER'S SOC. SEC. # | CHANGE CODE |
|---|---|---|---|
| | | | |

NAME OF SUBSCRIBER _____ TELEPHONE ( )

ADDRESS _____ CITY _____ STATE _____ ZIP _____

**TYPE OF CHANGE**

- ☐ PCP
- ☐ Address/Phone No.
- ☐ Name
- ☐ Division
- ☐ Contract Cancellation (see below-reason for cancel)
- ☐ Contract Type
- ☐ Plan Type
- ☐ Reinstate
- ☐ Other _____

MEMBER NAME (S) | MEMBER ID #(S)

FROM _____ TO _____

REASON | EFFECTIVE DATE OF CHANGE/CANCELLATION

**PLEASE CHECK REASON BELOW FOR CANCELLATION:**

☐ 1. Termination ☐ 2. Resignation ☐ 3. Moved Out of Service Area ☐ 4. Deceased
☐ 5. Changed Option/Open Enrollment ☐ 6. Nonpayment of Premium ☐ 7. Received Coverage Through Spouse ☐ 8. Other _____

**TO ADD OR REMOVE DEPENDENTS, COMPLETE BELOW:**

| CHECK ONE ADD | CHECK ONE REMOVE | DEPENDENT'S FIRST NAME / LAST NAME (if different) | SEX | BIRTH DATE MO | BIRTH DATE DA | BIRTH DATE YR | RELATIONSHIP TO SUBSCRIBER | SOCIAL SECURITY # | NAME AND LOCATION OF PRIMARY CARE PHYSICIAN *Required* | PCP # | Currently Your Physician? Yes | Currently Your Physician? No | EFFECTIVE DATE OF CHANGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | | | | | | | | | | | | |
| ☐ | ☐ | | | | | | | | | | | | |
| ☐ | ☐ | | | | | | | | | | | | |
| ☐ | ☐ | | | | | | | | | | | | |

**CONVERSION REQUEST**

Are you interested in converting to a direct-pay, nongroup contract? ☐ Yes ☐ No
If yes, please contact the Enrollment Department at (877-244-4466).

**OTHER MEDICAL INSURANCE COVERAGE** *THIS SECTION MUST BE COMPLETED*

Do you, your spouse or any of your dependents have other medical insurance? ☐ Yes ☐ No Will this policy be maintained in addition to this health plan? ☐ Yes ☐ No
If YES, please name the insurance company: Policy Number:

Address of insurance company: Policy Holder's Name:

Date: _____ Subscriber's Signature: _____

Employer Group Signature: _____

F-2-GR (3/02) Copies: White and Canary/**Account Representative** Pink/**Employer Group** Goldenrod/**Member**