CalCPA Health

Subscriber Change Request Form

(For Existing Employees Only)

Effective Date of Change

____ /____ /_____

Firm Name: _____ **Client Code:** _____

Subscriber Information:

Current Last Name	First Name	MI	Employee SSN	Date of Birth
Street Address (No P.O. Boxes)			Home Phone/Cell Phone	Business Phone
City State Zip			Email	Gender

This Change Applies to:

□ **Medical** □ **Dental** □ **Vision**

Please Change My Plan As Indicated:

□ Add dependent(s) (Eligible dependents are your spouse/domestic partner and children within the agreement in your contract. Coverage granted to individuals listed here shall be subject to all provisions and limitations of the agreement.)

If adding spouse/domestic partner, provide effective date of marriage/domestic partnership: _____

□ Add Overage Dependent at Single Employee Rate

□ Delete dependent(s)

□ Address Change

□ Change my name as shown. My former name was: _____

□ Other:

Required- Indicate the reason for this change:

□ Loss of Coverage
□ Marriage
□ Divorce
□ Birth
□ Employment Status Change
□ Domestic Partner Establishment
□ Domestic Partner Separation
□ Entitlement to Medicare
□ Death
□ Other: _____

Event Date: _____

Add or Delete		Last Name	First Name	MI	Gender	SSN	Date of Birth	Full-Time Student	Disabled
□ Add □ Del	You								
□ Add □ Del	Spouse/ Domestic Partner				□ M □ F				□ Y □ N
□ Add □ Del	Child				□ M □ F			□ Y □ N	□ Y □ N
□ Add □ Del	Child				□ M □ F			□ Y □ N	□ Y □ N
□ Add □ Del	Child				□ M □ F			□ Y □ N	□ Y □ N
□ Add □ Del	Child				□ M □ F			□ Y □ N	□ Y □ N

Member Information: Please note: Under the Medicare, Medicaid and State Children's Health Insurance Plan Extension Act of 2007 Social Security numbers for ALL family members are required. For additional info please refer to www.cms.hhs.gov/MandatoryInsRep.

Subscriber Signature X _____ Date: _____

Firm Administrator X _____ Date: _____

Please return the completed form via:

Fax: 877-237-4519

Email: calcpahealth@calcpahealth.com

Mail:

Banyan Administrators

1215 Manor Drive, Suite 200. Mechanicsburg, PA 17055

For assistance in completing this form call 877-480-7923

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