Blue Cross Blue Shield of Rhode Island
www.bcbsri.com

# Blue Cross Dental Direct
# 2015 Plan Option Change Form

## EXISTING MEMBERS MAY USE THIS FORM TO REQUEST A DENTAL PLAN CHANGE

Please be sure to complete ALL information below to avoid delays in processing.
If you have any questions please call us at **(401) 831-7300** or **1-800-831-2400**.

Please print clearly using blue or black ink or type in information.

## SECTION 1: APPLICANT INFORMATION

| Last name | Suffix | First name | M.I. |
|---|---|---|---|
| | | | |

| Date of birth (MM/DD/YYYY) | Social security number* | Current BCBSRI ID |
|---|---|---|
| | | |

| Home phone number | Cell phone number |
|---|---|
| | |

| Email address |
|---|
| |

| What is your primary language spoken? | Communications preference<br>❑ U.S. mail ❑ Email ❑ Home phone ❑ Cell phone |
|---|---|
| | |

* Social Security number is required in order to comply with the reporting requirements of the Mandatory Insurance Reporting Law. See www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Group-Health-Plans/Overview.html

## SECTION 2: BLUE CROSS DENTAL PLAN OPTIONS

I understand the options available and I hereby request the following coverage changes for myself and my dependents:

**1. Blue Cross Dental Direct Plan Options** (please choose one):

- ❑ Dental Direct Basic
- ❑ Dental Direct Essential
- ❑ Dental Direct Plus

***Please note:*** *Your new plan will go into effect on January 1st. Dental dependents will be removed from your plan on the first day of the month following their 26th birthday, and given the option to purchase a separate plan.*

**2. Cancellation:**

- ❑ Please check this box if you are **NOT** going to continue to purchase coverage directly through BCBSRI. Your current coverage will end December 31st.

**3. Do you have dental coverage through another dental insurance carrier? ❑ Yes or ❑ No**

If yes, what is the name of your dental insurance carrier? _____

## SECTION 3: DENTAL DIRECT DISCLOSURE STATEMENT

- A 12-month waiting period applies to major restorative services for members over 19.
- If you are switching plans and have satisfied your waiting period on your current plan, the waiting period will not apply to your new plan. If you are switching plans and still in your waiting period, the waiting period will carry over and continue on your new plan.
- If you are 19 or older and decide to cancel your coverage, you must wait twelve (12) months to reapply. If you reapply, you must wait an additional twelve (12) months for major restorative services.

Please note, when switching plans:

- This will be your only opportunity to switch plans for Dental Direct coverage. Once you switch, you will not be able to change plans until the next open enrollment period, or during a special enrollment period.

## SECTION 4: TERMS, CONDITIONS, AND SIGNATURES

By signing this form, I understand:

- The dental plan benefits being chosen.
- This change will not apply until the coverage is made effective by BCBSRI.
- Upon BCBSRI's approval, BCBSRI will send me new dental plan information.
- This dental plan change shall apply to me and all enrolled dependents.
- I am responsible for sharing benefit information with my enrolled family members covered under this policy.
- I certify that I have read the above statements or that they have been read to me and that the statements herein are true and complete to the best of my knowledge and belief.
- If the responses on this form are not true, if anyone lied or hid the truth, BCBSRI will have the right to:
  - Reduce payment, deny a claim, or void this contract.
  - Recoup any monies paid, back to the effective date.
  - Refuse enrollment in the future for any type of dental policy (direct pay or employer group).

Signature:_____ Date: _____
(Signature of parent or guardian if applicant is under 18 years of age)

Please mail this form to:

Blue Cross & Blue Shield of Rhode Island
Attn: Membership Department
500 Exchange Street
Providence, Rhode Island 02903-2699

Or Fax: **(401) 459-2385**

For questions call:

**(401) 831-7300** or **1-800-831-2400**
Representatives are available
Monday through Friday,
from 8:00 a.m. to 8:00 p.m.

Blue Cross Blue Shield of Rhode Island

**www.bcbsri.com**

500 Exchange Street • Providence, RI 02903-2699



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