

Anniversary Month Change Form



This form is to be used for anniversary month changes, which will allow for plan changes. New rates and benefits may apply. If your anniversary date is moving from one calendar year to another as a result of this request, **rates and benefits will change**. New enrollees or family additions must complete an Employee Application requesting coverage. No retroactive requests will be accepted.

Please note: All anniversary date change requests are subject to approval. Your anniversary month will change as a result of this request. You should consult your tax and legal advisors prior to submitting this request for approval as this change may have an impact on your plan year. If the request to change your anniversary date is approved, please note that you can only request an anniversary date change once in a 12-month period.

- Instructions:**
- Please print, sign, and email your completed request to CASmallGroupAnniversaryDateChanges@anthem.com for approval.
 - Please provide justification for requesting an anniversary date change.
 - The plan selection **must be** noted in section 3.
 - Refer to anthem.com/easyrenew to help you and your employees make the choice that's right for them.
 - All requests are due by the 20th of the month preceding the anniversary change request.
 - If your anniversary date change is approved, the group/case **must be** paid up to the date of the new anniversary date.

Note: Once the anniversary date has been changed it cannot be rescinded or changed back to the original anniversary date.

Section 1: Please tell us who you are and how we can reach you.

Group/Case no.	Bill entity	Employer name	Employer tax ID no. (required)	Form 5500 ID no.
Phone no.	Contact name	Email address (required)	Requested anniversary month	

Section 2: Please provide justification for your anniversary change request.

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Section 3: Please provide network, current plan(s), and requested plan(s) upon your new anniversary date for each current active plan(s) offered.

Please choose one PPO and/or one HMO network.
PPO plans: <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network Prudent Buyer PPO, and Select PPO network plans can only be offered alongside other plans with the same network type. (For example, plans on the Select PPO network can be offered alongside other plans on the Select PPO network, but they cannot be offered alongside plans on the Prudent Buyer PPO network. Not all network options are available in every area.)
HMO plans: <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network <input type="checkbox"/> Priority Select HMO Network <input type="checkbox"/> Vivity CaliforniaCare HMO, Select HMO, Priority Select HMO, and Vivity plans can only be offered alongside other plans with the same network type. (For example, plans on the Select HMO network can be offered alongside other plans on the Select HMO network, but they cannot be offered alongside plans on the CaliforniaCare HMO network. Not all network options are available in every area.) Enrollment in the selected plan is dependent upon the employee residing or working within a plan's geographic service area, and the network, provider, and physician availability within the geographical service area. If at the time of enrollment the network or physician/medical group is not available, or an employee does not reside or work in the geographical service area of the plan, the employee may be assigned to or be required to choose a different provider, network, and/or plan.
Would you like to offer infertility benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, an additional \$90 will be charged for each subscriber within the group. This applies to all areas, gender, and age.
Would you like to offer travel and lodging benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current plan(s)

1	
2	
3	
4	
5	

Requested plan(s) upon new anniversary effective date

→	
→	
→	
→	
→	

Please note that any employees who wish to make plan changes outside of these requested group level plan mappings/assignments must be listed on the next page. Additionally, any member moving to an HMO plan from a PPO plan, must select a new PCP on this document. If you are making a change to a new HMO network and would like to request a new PCP, that is also required on this form.

Please complete this section for any employees who wish to make plan changes.

Section 3 — Continued

HMO plans: provide three- or six-digit Primary Care Physician (PCP) no. This number can be found on anthem.com/ca . Choose the <i>Find Care</i> link.			
Member name	Member Social Security ¹ or ID no.	Plan name (required)	PCP no. (HMO plans only)
1.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
2.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
3.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
4.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
5.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
6.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
7.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
8.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
9.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			
10.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO <input type="checkbox"/> Select PPO <input type="checkbox"/> CaliforniaCare HMO <input type="checkbox"/> Select HMO <input type="checkbox"/> Priority Select HMO <input type="checkbox"/> Vivity			

Section 4: Be sure to complete this section to authorize your changes.

By signing below, I consent and acknowledge that:		
<ul style="list-style-type: none"> • My anniversary month will change. I should consult my tax and legal advisors because this change may have an impact on my plan year. • Requests can only be made once in a 12-month period. Once the change is complete, it is not reversible. Once I exercise the option to change my anniversary date, I cannot change my anniversary date again for 12 months. • New rates and benefits may apply. • If my anniversary month changes from one calendar year to another calendar year as a result of my request, rates and benefits will change. 		
I am an owner or officer of this company, and hereby authorize the following changes to our Anthem group anniversary month.		
Owner/Officer signature	Print name	Date (MMDDYYYY)
X		

¹ Anthem is required by the Internal Revenue Service and Centers for Medicare & Medicaid (CMS) regulations to collect this information.