Group Change Form

Please read carefully and provide all applicable information.

Backup documents (copies) are REQUIRED for all dependents you enroll (marriage cert., birth cert. with parent's full names, domestic partnership forms)

Anthem BlueCross

IBEW Local 18

Employee last name (Print)	First name (Print)	Member ID # (on ID card)	Group medical # (on ID card)	DWP employee #

Type of change: ☐ Name ☐ Address ☐ Dependent status ☐ Terminate medical

Name change	Address change			Dependent status change	
☐ Employee name only ☐ Spouse name only	New street address			☐ Add domestic partner – Date of registration: ________	☐ Add spouse – Date of marriage: ________
Last name change	City	State	ZIP code	☐ Add family member(s) – Effective date: ________ Name(s): ________ Reason: ________	☐ Remove family member(s) – Effective date: ________ Name(s): ________ Reason: ________
New first name	New phone #				

Declination information

I understand that if I terminate or decline coverage at this time, if I choose to apply for enrollment at a later date, I may be excluded from coverage until the employer's next open enrollment, or 12 months from date of application, at which time I may reapply for coverage.

In addition, once re-enrolled, I understand that my coverage may be subject to a six-month exclusion for pre-existing conditions. This exclusion also applies to any dependents on this declination. If you are declining coverage for yourself, your spouse, domestic partner or your dependents because of other health insurance coverage, you must tell us. You may enroll yourself or your dependents in this plan provided you request enrollment within 31 days after your coverage ends. You may also enroll following marriage (with your spouse), registration (with your domestic partner), childbirth or adoption (with your spouse and that child only) provided you request enrollment within 31 days after the marriage, registration, birth or adoption.

Family additions

Complete the information below for all family and/or spouse additions or medical office selections and/or changes. Check the disabled box only if the condition prohibits the member from working or performing daily activities. Please indicate if family member is covered by another health insurance plan by checking the Other Health coverage box. For Anthem Blue Cross HMO and POS plans only, each person listed must choose a Medical Group or Independent Practice Association (IPA) within their enrollment area. IF YOU SELECT AN IPA, YOU MUST INDICATE A PRIMARY CARE PHYSICIAN FROM WITHIN THAT IPA. If you need assistance, contact Anthem Blue Cross at the number listed on your Membership ID Card or your health benefit officer.

To be eligible as a Domestic Partner, the Employee and Domestic Partner must have properly filed a Declaration of Domestic Partnership with the California Secretary of State pursuant to the California Family Code, or have properly filed an equivalent document in accordance with the laws of another jurisdiction recognizing the creation of domestic partnerships.

Relation	Last name	First name	M.I.	Sex	Date of birth (MM/DD/YYYY)	Age	Social Security number	Coverage	Totally disabled	Has other health coverage	Medical group/IPA office # or Anthem Blue Cross HMO IPA primary care physician code
Self				☐M ☐F				Medical	☐Y ☐N	☐Y ☐N	
☐ Spouse ☐ DP				☐M ☐F				Medical	☐Y ☐N	☐Y ☐N	
Child				☐M ☐F				Medical	☐Y ☐N	☐Y ☐N	
Child				☐M ☐F				Medical	☐Y ☐N	☐Y ☐N	
Child				☐M ☐F				Medical	☐Y ☐N	☐Y ☐N	
Child				☐M ☐F				Medical	☐Y ☐N	☐Y ☐N	
Child				☐M ☐F				Medical	☐Y ☐N	☐Y ☐N	
Child				☐M ☐F				Medical	☐Y ☐N	☐Y ☐N	

Effective date requested: Actual date will be assigned by Anthem Blue Cross if application is accepted.

Upon acceptance of the application, the Group will inform all persons who are eligible for coverage that they may apply for Anthem Blue Cross coverage under the Agreement/Policy.

Application is hereby made to Anthem Blue Cross, or the appropriate affiliated company, for a Group Benefit Agreement/Group Policy providing health service benefits. If this application is accepted, an Agreement/Policy will be issued which will set forth the terms, benefits and conditions of the relationship between the Group and Anthem Blue Cross. This application will become part of that Agreement/Policy.

It is understood that no agent or representative except the President, a Vice President, or the Secretary has power on behalf of Anthem Blue Cross to bind Anthem Blue Cross to accept risk, issue an Agreement/ Policy, or commit to particular provisions of an Agreement/ Policy. No coverage will come into effect unless and until this application is accepted. If accepted, the terms of the relationship will be defined entirely within an Agreement/ Policy.

HIV TESTING PROHIBITED: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.

Important information regarding fraudulent information:

The following notice applies to all coverage presented on this form:

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

ARBITRATION AGREEMENT

IF THE GROUP IS NOT SUBJECT TO ERISA, ANY DISPUTE BETWEEN A PERSON COVERED UNDER THE AGREEMENT/POLICY AND ANTHEM BLUE CROSS, INCLUDING CLAIMS FOR MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT, AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, NOT BY LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. UNDER THIS COVERAGE, BOTH THE PERSON COVERED AND ANTHEM BLUE CROSS ARE GIVING UP THE RIGHT TO HAVE ANY DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY. IF THE GROUP IS SUBJECT TO ERISA, DISPUTES INVOLVING AN ADVERSE BENEFIT DETERMINATION FOR A HEALTH CLAIM ARE NOT SUBJECT TO BINDING ARBITRATION, BUT, MUST FOLLOW THE ERISA CLAIMS APPEAL PROCESS.

ALL DISPUTES BETWEEN YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY, INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. For claims that exceed the jurisdiction of the small claims court that are subject to binding arbitration under this Agreement, California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY AGREE TO BE BOUND BY THIS ARBITRATION PROVISION. YOU ACKNOWLEDGE THAT FOR DISPUTES THAT ARE SUBJECT TO ARBITRATION UNDER STATE OR FEDERAL LAW THE RIGHT TO A JURY TRIAL, THE RIGHT TO A BENCH TRIAL UNDER CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 17200, AND/OR THE RIGHT TO ASSERT AND/OR PARTICIPATE IN A CLASS ACTION ARE ALL WAIVED BY YOU. If your plan/policy is subject to 45 CFR 147.136, this agreement does not limit your rights to internal and external review of adverse benefit determinations as required by that law. Enforcement of this arbitration clause, including the waiver of class actions, shall be determined under the Federal Arbitration Act ("FAA"), including the FAA's preemptive effect on state law. By signing, writing or typing your name below you agree to the terms of this agreement and acknowledge that your signed, written or typed name is a valid and binding signature.

Employee signature	Date (MM/DD/YYYY)
X	

WET SIGNATURE REQUIRED

Please retain a photocopy for your records and submit this form to: Local 18 Benefit Service Center, 9500 Topanga Canyon Blvd., Chatsworth, CA 91311