of Tennessee
1 Cameron Hill Circle STE 0038
Chattanooga, TN 37402-0038

bcbst.com

- Confidential -

Personal Dental Coverage Change/Termination Form

Subscriber Identification No. | Group No. 120800 | Benefit Code ID3

Select Type of Change - *(Please mark all that apply)*:

☐ Add Spouse/Dependent(s) ☐ Add Vision- (*Exam Only* ☐ *Exam + Materials* ☐) ☐ Delete Spouse/Dependent(s)
☐ Change Name ☐ Change Address ☐ Transfer Spouse/Dependent(s) to Separate Policy
☐ Terminate Dental/Vision ☐ Terminate Vision Only **cannot add after termination* ☐ Terminate Subscriber, Issue ID for Spouse/Dependent(s)

Subscriber Information - *(You only need to fill in the sections you want to change)*:

Subscriber Last Name | Subscriber First Name | MI | Sex | Date of Birth

Street Address *(No P.O. Boxes Accepted)* | Mailing Address *(If different)*

City | State TN | Zip | City | State | Zip

Home Phone | Work/Cell Phone | Email Address*

Dependent Information - *(You only need to fill in the sections you want to change)*:

☐ Add ☐ Delete ☐ Transfer
Spouse Last Name | Spouse First Name | MI | Sex | Date of Birth | Social Security No.

☐ Add ☐ Delete ☐ Transfer
Dependent Last Name | Dependent First Name | MI | Sex | Date of Birth | Social Security No.

☐ Natural Child/Stepchild ☐ Adopted/Legal Guardian ☐ Other: _____

☐ Add ☐ Delete ☐ Transfer
Dependent Last Name | Dependent First Name | MI | Sex | Date of Birth | Social Security No.

☐ Natural Child/Stepchild ☐ Adopted/Legal Guardian ☐ Other: _____

☐ Add ☐ Delete ☐ Transfer
Dependent Last Name | Dependent First Name | MI | Sex | Date of Birth | Social Security No.

☐ Natural Child/Stepchild ☐ Adopted/Legal Guardian ☐ Other: _____

Qualifying Event/Reason for Change/Reason for Termination:

☐ Birth/Adoption ☐ Death ☐ Divorce ☐ Loss of Other Dental Coverage ☐ Marriage ☐ No Longer Tennessee Resident

☐ Other: _____ Event Date *(Required)*:

Acknowledgement - *Signature and Date MUST BE COMPLETED*:

By signing and dating below, it is understood and agreed as follows:

1) *All information listed is accurate and true to the best of my (our) knowledge;*
2) *I (We) understand that if any information is incorrect or untrue, BlueCross BlueShield of Tennessee may, at its own discretion, as permitted by laws, terminate or rescind my policy or amend it so that my (our) coverage, including my premium, would be the same as it would have been had the information on the application been correct;*
3) *I do hereby reside in the state of Tennessee;*
4) *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage;*
5) *A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.*

Subscriber's Signature: _____ **Date:** 20

Spouse's Signature: _____ **Date:** 20

Agent's Signature: _____ **Agent ID:** **Date:** 20

To learn more, call 1-800-845-2738 or visit www.bcbst.com.

**In the event a policy is issued, by providing your email address you are agreeing to receive all communications (presently available or that become available during the term of your policy) related to this policy, the benefits contemplated under this policy, your relationship with BlueCross BlueShield of Tennessee, etc., in electronic form from BlueCross BlueShield of Tennessee. You may opt out of this service by changing your preferences through BlueAccess once your policy is issued.*

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