



PO Box 1090
Great Bend, KS 67530
Toll Free: (844) 728-7896 / TTY: (844) 728-7897
Fax: (620) 793-1199

Administered by: Benefit Management, LLC

December 2017

«First» «Last»
«Addr»
«Addr2»
«City», «ST» «Zip»

Member ID: «Partic»

Current Plan: «Plan»

Plan Change Form

Return by December 31, 2017 to Change Plans

This form is used to change plans during open enrollment for coverage that will begin January 1st of the following year. If you do not return this form, you will remain with your current deductible listed in the outlined box located above.

Changes from a **higher to a lower** deductible plan are allowed only one time per year, for a January 1 effective date. This form must be returned to either lower or increase your deductible by December 31, 2017, to be effective January 1, 2018.

You can change from a **lower to a higher** deductible plan at any time upon written notice to the Administrator. The effective date of the change will be on the first of the month following receipt of the written request.

If you want to change your deductible, check the box below for the plan you want to change to effective January 1, 2018:

- Plan \$500 deductible**
- Plan \$1,000 deductible**
- Plan \$2,000 deductible**
- Plan \$5,000 deductible**

If you have any questions, please call customer service at **1-844-728-7896**.

To change plans, this form must be **SIGNED** and **RETURNED PRIOR TO DECEMBER 31, 2017**. You may also fax this form to us at (620) 793-1199.

X _____
Signature

Date

Printed Name

Telephone #