



How to request a change to an ISMA/Anthem policy using an Anthem Enrollment Form

INDIVIDUAL

To request a change to an ISMA/Anthem health insurance policy, complete an Anthem Enrollment form as indicated below and fax to ISMA at (317) 261-2235 or mail to ISMA at 322 Canal Walk, Indianapolis, IN 46202. Direct questions to Jolene Collins at (800) 257-4762, x 7733.

To request this change:	Complete these sections of Anthem Enrollment form:
<p>Add dependents</p> <p><i>Please note that your risk class – and therefore your rate – may be adjusted based on the medical history of your dependent(s).</i></p>	<p>Section 2: Check Add dependent box.</p> <p>Section 3: Complete Event date; check appropriate box; if adding dependents at open enrollment, check Other box and write “Open Enrollment”.</p> <p>Section 5: Complete name and social security number.</p> <p>Section 6: Complete as questions pertain to everyone to be covered.</p> <p>Section 7: Complete in full.</p> <p>Section 8: Complete as questions pertain to dependent(s) being added.</p> <p>Section 9: Complete as questions pertain to all everyone to be covered.</p> <p>Section 10: Sign and date.</p> <p><i>*If adding a child whom you are adopting or for whom you are becoming the legal guardian, you must include a copy of a placement letter from an adoption agency or a court order.</i></p> <p><i>*If adding a domestic partner, you must include a completed and notarized Affidavit of Domestic Partnership.</i></p>
<p>Delete dependents</p>	<p>Section 3: Complete Event date; check Other box; write “Delete dependent(s)”.</p> <p>Section 5: Complete name and social security number.</p> <p>Section 11: Complete 3 lines of info for each dependent you are deleting; sign and date at bottom of section.</p>
<p>Request plan upgrade</p>	<p>Section 3: Write your renewal date in Event date; check Other box; write “Upgrade Plan”.</p> <p>Section 4: Write name of medical plan you wish to upgrade to.</p> <p>Section 5: Complete name, social security number, height, weight. Check appropriate boxes for Retired, Hospitalized or Disabled.</p> <p>Section 6: Complete name, relationship, sex, social security number, height, weight for all covered dependents.</p> <p>Section 9: Complete as questions pertain to you and covered dependents.</p> <p>Section 10: Sign and date.</p>
<p>Request review of risk class</p>	<p>Section 3: Write your renewal date in Event date; check Other box; write “Review risk class”.</p> <p>Section 5: Complete name, social security number, height, weight. Check appropriate boxes for Retired, Hospitalized or Disabled.</p> <p>Section 6: Complete name, relationship, sex, social security number, height, weight for all covered dependents.</p> <p>Section 9: Complete as questions pertain to you and covered dependents.</p> <p>Section 10: Sign and date.</p>
<p>Change your name</p>	<p>Section 3: Complete Event date; check Other box; write “Name change”.</p> <p>Section 5: Complete new name and social security number.</p> <p>Section 10: Sign and date.</p>