

Change request form

Group name				
Medical group number		Dental group number		Vision group number
Medical member ID number		Dental member ID number		Vision member ID number
First name		Middle initial	Last name	
Social Security number Check if SSN corrected		Date of birth (mm/dd/yy) Check if DOB corrected		Phone Check if phone changed
Street or PO box	Check if address changed	City		State ZIP

Change coverage as indicated below:

Name change: Current name: _____ New name: _____

1095 reporting: Transfer to Tax ID (EIN): _____

Move to division/package number: _____

Terminate/Cancel employee: Date of termination (mm/dd/yy): _____

Has the employee being terminated contributed to the premium past the termination date requested? **Yes** **No**

Gender change: The health plan currently shows my gender as **Male** **Female**
Change the health plan records to show my gender as **Male** **Female**

Cancel health and retain LIFE Only coverage: Date of termination (mm/dd/yy): _____

Terminate coverage for a family member

1. Member name: _____ Date of termination (mm/dd/yy): _____

2. Member name: _____ Date of termination (mm/dd/yy): _____

USable Life Insurance – Beneficiary Change

First name	M.I.	Last name	Date of birth (mm/dd/yy)	Relationship	%

Select or Change Primary Care Physician (PCP)

1. Member name: _____ PCP name: _____ PCP number: _____

Clinic name: _____ Clinic address: _____

In signing below, I represent that the statements and answers given in this application are true, complete and correctly recorded. I understand that any fraudulent statement, omission, or material misrepresentation may result in cancellation of any coverage issued in reliance thereon, and that Arkansas Blue Cross and Blue Shield, Health Advantage, and/or USable Life may recover monies and damages incidental and consequential to that result.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Member signature	Date signed (mm/dd/yy)
Group administrator signature	Date signed (mm/dd/yy)

Small Group

Chad Dodson

Manager, Small Group Sales

Phone: 870-779-9114 | Cell: 903-277-5525

mcdodson@arkbluecross.com

Paper Application and Change Form Submissions

groupchanges@arkbluecross.com

Service Inquiries

smallgroupservice@arkbluecross.com

Meredith Pearson

Agent /Broker Representative
mapearson@arkbluecross.com

Office: 501-393-0359

Cell: 479-461-1322

Teagan Taylor

Account Service Representative
ttaylor@arkbluecross.com

Office: 501-294-1925

Shelby Robbins

Account Broker Service Representative
smrobbins@arkbluecross.com

Office: 870-779-9118

Christy Holt

Account Broker Service Representative
caholt@arkbluecross.com

Office: 870-974-5722

Nicole Bader

Account Service Coordinator
smallgroupservice@arkbluecross.com

Office: 479-648-6313

John Kimbrough

Agent/Broker Representative
jwkimbrough@arkbluecross.com

Office: 501-378-2335

Cell: 501-580-3471

Tara Kogel

Account Service Representative
tmkogel@arkbluecross.com

Office: 501-378-2396

Christy Holt

Account Broker Service Representative
caholt@arkbluecross.com

Office: 870-974-5722

Shelby Robbins

Account Broker Service Representative
smrobbins@arkbluecross.com

Office: 870-779-9118

Candiss Caldwell

Account Service Coordinator
smallgroupservice@arkbluecross.com

Office: 501-399-3979

Judy Stephens

Agent/Broker Representative
jlstephens@arkbluecross.com

Phone: 870-543-2903

Cell: 870-489-1700

Monica Hardt

Account Service Representative
mrhardt@arkbluecross.com

Office: 501-294-2848

Christy Holt

Account Broker Service Representative
caholt@arkbluecross.com

Office: 870-974-5722

Shelby Robbins

Account Broker Service Representative
smrobbins@arkbluecross.com

Office: 870-779-9118

Ashley White

Account Service Coordinator
smallgroupservice@arkbluecross.com

Office: 501-399-3991

Large Group Account Management, Fully Insured

Karen Woodward

Account Manager
krwoodward@arkbluecross.com
479-527-2343

Sarah Zitzelberger
Account Service Representative
sjzitzelberger@arkbluecross.com
479-648-6325

Angela Baker
Account Service Coordinator
albaker@arkbluecross.com
479-487-0653

David Needham

Account Manager
dwneedham@arkbluecross.com
479-648-6324

Tonya Moore
Account Service Representative
trmoore@arkbluecross.com
870-543-2925

Connie Casey
Account Service Coordinator
cjcasey@arkbluecross.com
479-527-2338

Kayla Propps

Account Manager
kkpropps@arkbluecross.com
870-779-9141

Janette Spicer
Account Service Representative
jmspicer@arkbluecross.com
870-543-2925

Camillia Trotter
Account Service Coordinator
cxblue@arkbluecross.com
501-399-3985

Lynette VanDyke
Manager, Large Group Account Management
mlvandyke@arkbluecross.com
501-378-2349

Tim McCall

Account Manager
mtmccall@arkbluecross.com
870-974-5764

Judi Andrews
Account Service Representative
jaandrews@arkbluecross.com
870-897-0252

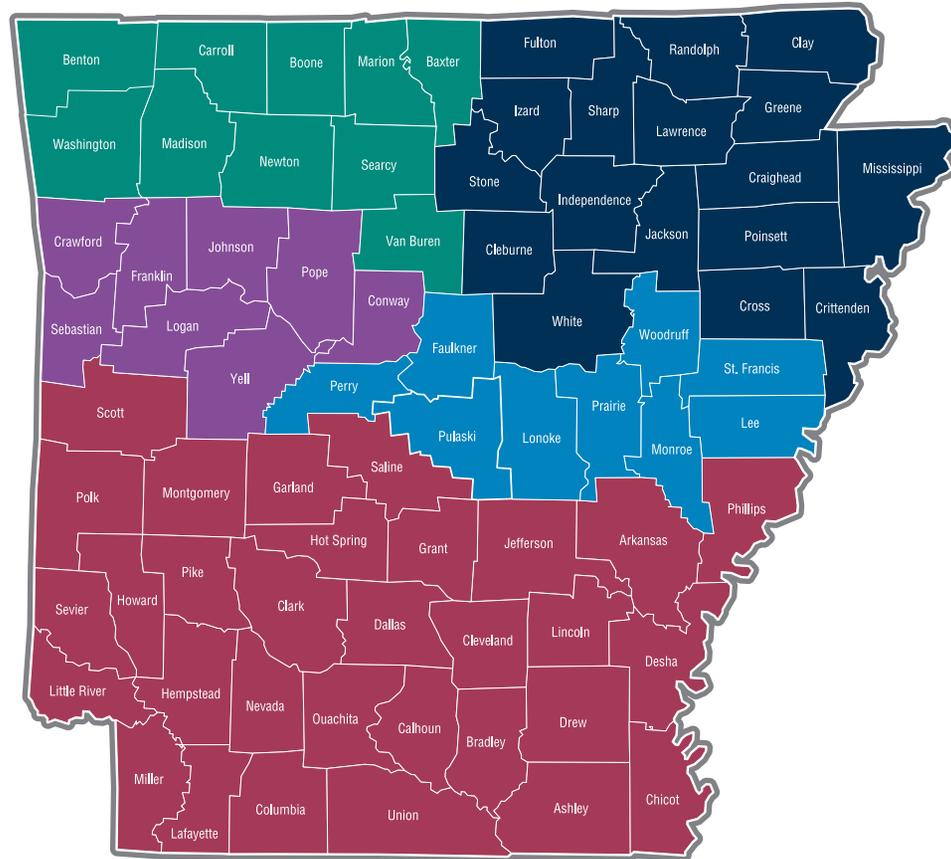
Melissa Walker
Account Service Coordinator
mawalker@arkbluecross.com
870-974-5704

Dustin Price

Account Manager
dsprice@arkbluecross.com
870-974-5762

Leigh Ann Jones
Account Service Representative
lajones2@arkbluecross.com
501-393-0594

Michael Austin
Account Service Coordinator
mbaustin@arkbluecross.com
501-340-9778



Arkansas
BlueCross BlueShield

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