



Group Membership Change Form

Wellmark BlueCross BlueShield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and Blue Shield Association

Please submit changes as they occur.

All changes should be indicated on this form and faxed or mailed to:

Large Group Membership (51+)

Fax (515) 245-4973 or (515) 245-4813
Wellmark Blue Cross and Blue Shield of Iowa
P.O. Box 9232 - Station 24
Des Moines, IA 50306-9232

Small Group Membership (2-50)

Fax (515) 235-4297
Wellmark Blue Cross and Blue Shield of Iowa
P.O. Box 9232 - Station 23
Des Moines, IA 50306-9232

Group Name

Group Number

Group Contact

(_____)_____
Group Phone Number

ADDRESS CHANGE

Employee Name (First, Middle, Last)	Phone No.	Employee SS#	Phone No.
Old Street Address	Apt. No.	New Street Address	Apt. No.
City	State	Zip	City
State	Zip	City	State
City	State	Zip	City
Employee Name (First, Middle, Last)	Phone No.	Employee SS#	Phone No.
Old Street Address	Apt. No.	New Street Address	Apt. No.
City	State	Zip	City
State	Zip	City	State
City	State	Zip	City

NAME CHANGE

Employee name (First, Middle, Last)	Employee SS#
Name currently appearing on Membership Records	Name to appear on updated Membership Records

CANCELS: EMPLOYEE AND ENTIRE CONTRACT

Employee Name	Employee ID#	Cancel Code	Date of Event	Cancel Effective Date

CANCELS: DEPENDENT AND/OR SPOUSE ONLY

Employee Name	Employee ID#	Dependent or Spouse	Dependent or Spouse Name	Cancel Code	Date of Event	Cancel Effective Date
		D / S				
		D / S				
		D / S				
		D / S				
		D / S				

Cancel Reason Code List

01 Dependent Reaching Age 19
02 Dependent No Longer a Student
03 Dependent Married

04 Divorce/Dissolution of Marriage
05 Termination of Employment
06 Active Military Duty

07 Death
08 Other

Date

Member/Authorized Group/Authorized Broker Signature

