



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

Independent Licensees of the Blue Cross and Blue Shield Association

Group Membership Change Form

Group Name

Group Number

Group Contact

(_____)_____
Group Phone Number

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

Large Group Membership (51+)

Fax (515) 245-4973
Wellmark Blue Cross and Blue Shield of Iowa
636 Grand Avenue - Station 24
Des Moines, IA 50309

Small Group Membership (2-50)

Fax (515) 235-4297
Wellmark Blue Cross and Blue Shield of Iowa
636 Grand Avenue - Station 23
Des Moines, IA 50309

Address Change	Old Address			New Address		
	Employee name (First, Middle, Last)	Phone No.	Employee SSN#	Phone No.		
	Street Address	Apt. No.	Street Address	Apt. No.		
	City	State	Zip	City	State	Zip

Name Change	Old Name	New Name
	Employee name (First, Middle, Last)	Employee SSN#
Name currently appearing on Membership Records	Name to appear on updated Membership Records	

Add Newborn*	Employee name (First, Middle, Last)	Employee SSN#	
	Date of Birth	Newborn Name (First, Middle, Last)	
	Newborn SSN (if available)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	

Cancel Employee or Dependent*	Employee Name (First, Middle, Last)	Cancelled Dependent(s) Name (First, Middle, Last)
	Employee SSN#	
	Cancelled Spouse's Name (First, Middle, Last)	Event date Effective date of cancellation
	Reason(s) for cancellation (please check all applicable boxes) <input type="checkbox"/> Dependent reaching age 19 <input type="checkbox"/> Divorce/Dissolution of marriage <input type="checkbox"/> Dependent no longer a student <input type="checkbox"/> Active military duty <input type="checkbox"/> Dependent married <input type="checkbox"/> Termination of employment <input type="checkbox"/> Other (please explain) _____ <input type="checkbox"/> Death	

***An application must be submitted if adding a newborn or canceling a member results in a change in the type of contract.**

Date

Authorized Group Signature

and/or

Date

Authorized Agent/Broker/Representative Signature