



An Independent Licensee of the Blue Cross and Blue Shield Association

REQUEST FOR REVIEW OF AN EXISTING AMENDMENT

I am requesting a review of an amendment to a Wellmark Blue Cross and Blue Shield of Iowa Health Care Contract

Policyholder Name (print) _____ Identification Number _____

Policyholder Address _____ Name of Affected Member _____

A. New Application Still In Underwriting _____

or

B. Existing Member with Amendment Already in Place _____

Signature of Policyholder

Date

Send to: Wellmark Blue Cross and Blue Shield of Iowa
Medical Underwriting – Station 19
PO Box 9232
Des Moines, IA 50306-9232