

Subscriber Changes

Subscriber changes are also available via the quick link on the Eligibility screen.

Subscriber Change Request

Eligibility

View/Print ID Card | ID Card Request | **Subscriber Changes** | Dependent Changes

< Back Print View

Sam Jones

View all family members

Member Info

Name:	Member ID:	Address:	Status:
Sam Jones	6666666600	4161 E 96th St Indianapolis IN, 46240	Active
Relationship Code:	Relationship:	Original Effective Date:	Group Name:
18	Insured (Policyholder/Employee)		Circle City
Group Number:	DOB:	Plan:	
300	01/05/1962	GH	

Coverages

Coverage Type	Plan Name	Coverage Dates
	VISION	01/01/2024 - Active
	DENTAL	01/01/2024 - Active
	MEDICAL	01/01/2024 - Active

Complete the required fields for the request and scroll down to view additional fields.

Subscriber Changes

Reason for Change (select each applicable reason):

- Add Spouse/Partner
- Add Dependent Child
- Reinstatement
- Add/Remove Coverage
- Add/Remove Group
- Add/Remove Plan
- Add/Remove Address
- Add/Remove Date of Birth
- Add/Remove SSN
- Add/Remove Gender
- Add/Remove Email
- Add/Remove Phone Number
- Add/Remove Terminate Coverage

Subscriber Change Form

Subscriber Changes

Section A should contain Subscriber information only. Make changes as needed to the Subscriber information and select the appropriate "Reason for change".

Section B must be completed for the following scenarios:

- Adding a Spouse/Partner and/or Dependents to an existing Subscriber's plan
- Subgroup transfers
- Reinstating coverage of the dependent(s) should carry over

NOTE: Do not complete Section B if there are no dependent changes at the time of the Subscriber changes.

Reason for Change (select each applicable reason):

Effective Date Update Needed (please provide a new effective date for the following transactions):

- Add Spouse/Partner
- Add Dependent Child
- Reinstatement Coverage
- SubGroup Transfer

Demographic Changes (effective date does not need to be updated but should remain what is auto populated):

- Address Change
- Phone Number Update
- Email Update
- Name Change
- Gender Update
- Update SSN
- Terminate Subscriber Coverage

Dependent Changes

Note: Section B is the dependent information only.

In order to add a dependent, complete the fields labeled “Required”.

Eligibility

View/Print ID Card | ID Card Request | Subscriber Changes | **Dependent Changes**

Member Info

Name: Sam Jones	Member ID: 6666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City
Group Number: 300	DOB: 01/05/1962	Plan: GH	

Coverages

Coverage Type	Plan Name	Coverage Dates
	VISION	01/01/2024 - Active
	DENTAL	01/01/2024 - Active
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Dependent Change Request

Dependent Changes

Dependent Change Form

Dependent Changes

Please be sure the auto populated member information is either a Spouse/Partner or Dependent you are trying to make changes to. The blank fields below the initially selected dependent are to add any other dependents that need to be updated on this same Subscriber's plan. Information for the dependent is being auto populated for your convenience please do not remove information you are not making changes to.

Reason for Change (select each applicable reason):

Effective Date Update (please provide a new effective date for the following transactions):

- Terminate Dependent(s)
- Terminate Coverage

Demographic Changes (effective date does not need to be updated but should remain what is auto populated):

- Update DOB
- Alternate address change
- Name Change
- Gender Update
- Full-Time student update
- Disable dependent update

Section A: Please enter the Subscriber information only

SubGroup Number (Please use your full 10 digit SubGroup number):

Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)
Format: MM/DD/YYYY
12/31/9999

Termination Date
Format: MM/DD/YYYY
12/31/9999

The screenshot shows a 'Dependent Changes' form with multiple sections for adding or updating dependents. Each section includes fields for name, date of birth, gender, and address. There are also checkboxes for 'Is this dependent?' and 'Does this dependent have an alternate address?'. The form is partially filled out with test data.

*Dependent
Change
Form*

The screenshot shows a form for entering the 'Effective Date' of a dependent. The form includes the following fields and options:

- Effective Date** (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)
Format: MM/DD/YYYY
12/31/9999
- Termination Date**
Format: MM/DD/YYYY
12/31/9999
- Subscriber Number***
6666666600
- Member First Name***
Sam
- Member Middle Initial**
J
- Member Last Name***
Jones
- Member Date of Birth***
Format: MM/DD/YYYY
1/5/1962
- Member Gender***
Select One
- Member SSN***
6666666666

Does this dependent have an alternate address? Check if applicable and provide dependent address information below. If address is the same as Subscriber do not check box & leave this section blank.

Member Address 1*
4161 E 96th St

Member Address 2
Ste 101