ARIZONA

PacifiCare®

Change/Deletion Form

EFFECTIVE DATE OF CHANGE/DELETE (REQUIRED)

FOR PACIFICARE OFFICIAL USE ONLY		
Employer approval	Process Date	Processor

Important: Please print or type all sections in black ink. Incomplete information will delay the enrollment process.

A. Employee Information

Last Name	First Name	MI	Social Security #

Sex	Employer Name	HMO Group No.	Life Group No.	Subgroup/Location No.

B. Change in Information (please check the type of change requested and complete the appropriate information below)

☐ Name Change (Attach Legal Documentation)
☐ Birth Date Correction
☐ Address Change
☐ Home Phone Number Change
☐ Reinstate on PacifiCare
☐ HMO Network Change To ______________________
☐ HMO Primary Care Physician Change

☐ HMO Primary Care Dentist Change
☐ Add Dental: ☐ HMO ☐ Indemnity
☐ Delete Dental: ☐ HMO ☐ Indemnity
☐ Social Security Number Correction (Attach Legal Documentation)
☐ Life Insurance Beneficiary Change
☐ Change Group Number from ____________ to ____________
☐ Change Subgroup from ____________ to ____________
☐ Other ____________________________

Street Address	Apt.	City	State	Zip Code	Country	Home Phone Number

Beneficiary's Last Name	First Name	MI	Social Security Number	Relationship	Date Stamp (For PacifiCare Use)

Street Address	Apt.	City	State	Zip Code	Country

C. Employee/Dependent Status

Please check appropriate box and, **if an addition**, give reason

Medical Coverage	Dental Coverage	Relationship	Last Name	First Name	MI	Sex	Social Security Number	Birth Date (MM/DD/YYYY)	Network/ Code	If electing HMO Primary Care Physician provide: Last Name	First Name	MI
☐ Add ☐ Del	☐ Add ☐ Del	Self (00)										
☐ Add ☐ Del	☐ Add ☐ Del	Spouse (02)										
☐ Add ☐ Del	☐ Add ☐ Del	Dependent (03)										
☐ Add ☐ Del	☐ Add ☐ Del	Dependent (04)										
☐ Add ☐ Del	☐ Add ☐ Del	Dependent (05)										
☐ Add ☐ Del	☐ Add ☐ Del	Dependent (06)										
☐ Add ☐ Del	☐ Add ☐ Del	Dependent (07)										

Additional Information/Explanation

Employee Signature (If employee is not available, employer may sign)	Date

HMO Product is offered/underwritten by PacifiCare Arizona. PPO, SDHP, Indemnity and Life Products offered/underwritten by PacifiCare Life Assurance Company.

White: PacifiCare Yellow: PacifiCare Life Assurance Company Pink: Employer Green: Subscriber

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