

DELETION OF MEMBERS	Relationship to Subscriber	Full Name(s) of Member(s) to be Deleted	For Each Change – List Reason:
	Spouse <input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		

PRE-EXISTING CONDITIONS	<p>Any coverage issued in connection with the addition of any family member through submission of this "Individual Health" Change Form E-27 may contain a limitation on the coverage of pre-existing conditions. If the added family member has prior creditable coverage, it may be available to reduce the period of the pre-existing condition limitation.</p>
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SIGNATURE	<p>I, the undersigned, hereby request Regence BlueCross BlueShield of Utah, HealthWise and/or ValueCare, hereinafter known as "the Plan," to change my membership in the Plan as noted hereon, subject to prevailing rules, regulations and</p>	<p>premiums of the Plan and in accordance with my present contract with the Plan. I understand any change in family status may affect my monthly premiums.</p>
	<p>_____ Subscriber's Signature</p>	<p>_____ Spouse's Signature (if applicable)</p>
	<p>_____ Date signed</p>	<p>_____ Date Signed</p>