

COVERAGE TRANSFER FORM

Plans Effective April 1, 2009

Please use a separate form for each carrier, i.e., all Health Net, all Kaiser, MetLife Dental, Premier Access Dental, ASH Chiro, Blue View Vision or all VSP.

Company Name: _____

Firm #: _____

- Type of Coverage to transfer:
- HN HMO to HMO HN PPO to PPO, PPO HSA
 - Kaiser to Kaiser
 - Dental Vision Chiro

Please Note: Transfers between Carriers (HN to K / K to HN) or plan types (HMO to PPO / PPO to HMO) require a NEW Application.

	Employee Name: Last, First	Social Security #	Current Plan Name	New Plan Name	*ADMIN USE ONLY* New Plan Group #
1					
2					
3					
4					
5					
6					
7					
8					

If applicable:

- How many employees are currently enrolling in any MetLife Dental as of 04/01/2009? 1 – 5 6 – 9 10 +
- How many employees are currently enrolling in any Premier Access Dental as of 04/01/2009? 1 – 9 10 – 34 35 +
- How many employees are currently enrolling in any ASH Chiro/Acu as of 04/01/2009? 2 – 9 10 +
- If you are changing Vision Plans as of 04/01/2009, are you enrolling as: Matching Medical Stand alone Voluntary

Completed by: _____

Title: _____

Authorizing Signature: _____

Date: _____

All transfers MUST be completed by an authorized company representative