TRIPLE-S SALUD
BlueCross BlueShield of Puerto Rico

Request for Change

☐ Changes/ Petitions ☐ Follow up

GENERAL INFORMATION			
Group Number:	Section:	Group Name:	Telephone:
Contract Number:		Insured Name:	

☐ I. CHANGES TO MAIN HOLDER INFORMATION

☐ Address:

☐ Telephone:

☐ Name:	☐ Date of Birth:	☐ Gender: F ☐ M ☐

☐ II. SOCIAL SECURITY NUMBER CORRECTION ☐ Main Holder ☐ Dependent

Name:	Incorrect:	Correct:

☐ III. CHANGE OF SECTION

From (current):	To:

☐ IV. CHANGE OF COVERAGE ☐ Add ☐ Cancel

Name	Dependent Code (or relation)	COVERAGE(S) (select with "X")				
		Basic	Dental	Pharmacy	MMl	Complementary
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

☐ V. CHANGE OF TYPE OF CONTRACT

☐ Individual (or Couple) to Family ☐ Family to individual (or Couple)

☐ VI. ADD DEPENDENT (S) OR CHANGES TO DEPENDENTS INFORMATION

☐ Direct ☐ Couple ☐ Optional

Name	Relation	Gender F	Gender M	Date of Birth (mm/ dd/ yy)	Social Security	Additional Coverage D	Rx	MM	C
		○	○			☐	☐	☐	☐
		○	○			☐	☐	☐	☐
		○	○			☐	☐	☐	☐

☐ VII. CANCELLATION ☐ Complete Contract ☐ Dependent (s)

Name	Dependent Code	Cancellation Date (mm/ dd/ yy)	Reason

☐ XIII. ID DUPLICATE ☐ Complete Contract ☐ As specified

Name	Dependent Code	Reason

☐ IX. OTHER

Group Administrator Signature _____ Insured's Signature _____ Date _____

Print Form

INSTRUCTIONS

This form facilitates the request of changes, additions, cancellations and/or other petitions. Please make the proper selections and fill out the spaces required. Triple-S Salud will proceed to change the information of the record with marked (X) options or the information you indicate. Some changes are allowed only in predetermined periods, or with certain specifications. Please consult your policy.

GENERAL INFORMATION

Include the group and insured information required and any document(s), if requested.

I. CHANGES IN THE INSURED INFORMATION

For changes or correction in the name, date of birth and/ or gender, select if it is for the Main Holder o a dependent. Include a copy of the Birth Certificate of the insured.

II. SOCIAL SECURITY NUMBER

Select if the correction is for the Main Holder or a Dependent. Include copy of the Social Security card.

III. CHANGE OF SECTION

Indicate the actual section and the one which the insured will be transferred to.

IV. CHANGE OF COVERAGE

Select if the change will be an addition or cancellation of the coverage and fill in the information required. These changes can be only made during periods authorized in your policy. Mandatory coverage chosen by the group apply for direct optional dependents

- Basic Coverage * A (ambulatory) / H (hospital) / MQ (medical surgical)
- Dental D
- Pharmacy F
- Major Medical MM / GM
- Care Plus C (Complementary, Medicare Part B is required)

* In most policies, the basic coverage is mandatory. Consult your policy.

V. CHANGE IN TYPE OF CONTRACT

Select the type of contract.

VI. ADD DEPENDENT

Select which type of dependent you are going to add. Your insurance policy has some dispositions you must observe to ensure the proper processing. Fill out all spaces and include the certificates or document indicated for the case.

- Marriage - Marriage Certificate
- Birth - Birth Certificate
- Student children - Refer to your policy to determine age limit and include a certification from an accredited college or university
- Disabled children - Medical Certificate, Psychological or Psychiatric Evaluation
- Custodial or adopted children - Custody Award. (Affidavit will not be considered)
- Additions to Care Plus coverage - Copy of the Medicare letter or the Medicare identification card

VII. CANCELLATIONS ALLOWED

Select if the cancellation is for the Main Holder or a Dependent(s). The cancellations will be effective on the following month of the receipt of the cancellation request. Other cancellations will be effective as established in your policy. Complete the required blanks and include the necessary documentation for each case.

- Divorce - Judicial Decree
- Death - Death Certificate
- Marriage - Applies only for dependents

VIII. ID DUPLICATE

Select if the ID duplicate will be for the whole contract or for a specific dependent.

IX. OTHERS