



Missouri Consolidated Health Care Plan
 PO Box 104355 • 832 Weathered Rock Court
 Jefferson City, MO 65110-4355
 Phone: 800-487-0771 • 573-751-0771
 Fax: 866-346-8785 • Web: www.mchcp.org

EXAMPLE
 Terminate Employment — Non-Vested — Go to
 State Spouse's Coverage — Subscriber Form

M-2 Change/Cancellation

Please **print** in black or blue ink.

New Address:

<input type="checkbox"/> CHANGE <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Plan <input type="checkbox"/> ADD Coverage due to life event or loss of coverage <input type="checkbox"/> DROP Dependent—Reason & date of occurrence: <input type="radio"/> Divorce: _____ <input type="radio"/> Death: _____ <input type="radio"/> Emancipation: _____ <input type="radio"/> Other: _____	MEDICAL Plan Code #: 9 1 DENTAL Plan Code #: 5 7 VISION Plan Code #: 	<input checked="" type="checkbox"/> CANCEL INSURANCE <input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION Cancel reason: Transfer coverage to SSN: 888-99-0000 _____ _____ _____
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If enrolled in the Cafeteria Plan, premium will not change until approved by the Cafeteria Plan.			
Social Security Number: 123-45-6789	Name: (LAST) Doe (FIRST) Jane (MI) A.		
Address: (MAILING) P.O. Box 4444 (CITY) Columbia (STATE) MO (ZIP CODE) 65201			
Daytime Phone Number: (573) 909-9999	Alternate Phone Number: (573) 609-1111	E-mail Address: Jane.Doe@mo.gov	
Date of Birth (MM/DD/YYYY): 12/17/1972	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Marital Status: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED Date of Marriage: _____	
County Code Where You LIVE: 0 2 7 County Name: Cooper		County Code Where You WORK: 0 2 6 County Name: Cole	

IMPORTANT: If adding a spouse or child, **no coverage is provided until proof of eligibility (POE) is received.** Refer to the Member Handbook or www.mchcp.org for details. POE Previously Provided

MEDICAL Coverage Level (check one):	<input type="checkbox"/> Subscriber	<input type="checkbox"/> Subscriber/Spouse	<input type="checkbox"/> Subscriber/Child(ren)	<input type="checkbox"/> Subscriber/Family
DENTAL Coverage Level (check one):	<input type="checkbox"/> Subscriber	<input type="checkbox"/> Subscriber/Spouse	<input type="checkbox"/> Subscriber/Child(ren)	<input type="checkbox"/> Subscriber/Family
VISION Coverage Level (check one):	<input type="checkbox"/> Subscriber	<input type="checkbox"/> Subscriber/Spouse	<input type="checkbox"/> Subscriber/Child(ren)	<input type="checkbox"/> Subscriber/Family

Subscriber and dependents to be enrolled, deleted, changed: (Use additional sheets for more dependents.)

(E)nroll (D)elete (C)hange	(M)edical (D)ental (V)ision (A)ll	Subscriber/Dependent Social Security Number	Last Name	First Name	MI	Date of Birth (MM/DD/YYYY)	Sex M or F	Relation (Self, Spouse, Child)	PCP # (Mercy Southwest & South Central Only) Refer to Plan Directory
D	MT	123-45-6789	Doe	Jane	A.	12/17/1972	F	Self	
Include Spouse's M-2 Form. See next example. **Completion of this form is optional**									

If your spouse is currently employed by the State of Missouri or in a position in which they are eligible for insurance coverage through MCHCP, please complete the following information:	Employer: Department of Revenue
Spouse's Social Security Number: 888-99-0000	Spouse's Full Name (LAST, FIRST, MI): Doe, Joseph R.

I hereby make the above designation(s) and authorize, if applicable, the deduction(s) necessary to pay for the coverage elected including changes to established pre-tax deductions under the Missouri State Employees' Cafeteria Plan. I also hereby authorize the appropriate providers to release any documentation necessary to process my or my dependent's claims/benefits. I authorize my chosen health plan to provide MCHCP the information necessary to validate benefits received and payment of claims to which I am entitled under the MCHCP plan.	Effective Date (MM/DD/YYYY): 0 6 3 0 2 0 0 9
Signature of Subscriber: <i>Jane A. Doe</i>	Date: 06/20/2009