

STATEMENT OF UNDERSTANDING

My signature certifies my request to transfer my existing OMIP plan to the option selected on this form. I understand that I must use providers within the network I have selected in order to receive the maximum benefit allowed. I understand that my premium rate will be adjusted to reflect the rates of my new plan selection. I understand that no new limitation periods will be applied to the new plan option I select. I understand that only at Open Enrollment may I switch my coverage to a different plan. I understand that Open Enrollment occurs in December for a January 1 effective date.

Signature of OMIP Policyholder

Date

Signature of the OMIP Policyholder is required to process changes.

For questions, please call OMIP customer service, toll-free, at 1-800-848-7280.

OREGON MEDICAL INSURANCE POOL
REGENCE BLUECROSS BLUESHIELD OF OREGON

MS 5K
P.O. Box 1271
Portland, OR 97207

GP/Pkg	ID #	Eff Date
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OPEN ENROLLMENT OMIP PLAN CHANGE REQUEST FORM

(Open enrollment occurs in December for a January 1 effective date.)

INSTRUCTIONS

1. Please print the name and identification number of the Oregon Medical Insurance Pool (OMIP) policyholder.
2. Make your Plan selection, read the “Statement of Understanding” on the back of this form and sign and date the form.
3. Return the form in the enclosed envelope. Your requested change will be processed on your next premium due date following our receipt of this completed form.

Policyholder Name (please print):	Soc. Sec. # or ID#:	Phone number:

PLAN SELECTION: SELECT ONE

- Plan 500: \$500 Medical Deductible; \$1,000/\$2,000 Maximum Out-of-Pocket Expense
- Plan 750: \$750 Medical Deductible; \$3,000/\$6,000 Maximum Out-of-Pocket Expense
- Plan 1000: \$1,000 Medical Deductible; \$4,000/\$8,000 Maximum Out-of-Pocket Expense
- Plan 1500: \$1,500 Medical Deductible; \$6,000/\$12,000 Maximum Out-of-Pocket Expense

Note: If you receive a FHIAP subsidy you may not select Plan 1000 or Plan 1500.

They do not qualify for the FHIAP program.

If you are eligible for coverage due to Portability reasons, you may only select from the Portability Plans 750 and 1500.

OVER