



# WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

## CHANGE NOTIFICATION FORM

Certain events may occur that effect your membership status or the way we process your claims. When a change occurs, please complete the information below and return this form to Blue Cross Blue Shield of Wyoming. Our intent is to gather information with this form. It may be necessary to contact you to complete the appropriate paperwork to update your records. **If your healthcare coverage is through your work, please provide this form to your employer.**

If you have questions concerning this form, please call us at 1-800-442-2376.

### **Please Print Clearly**

***ID Number:***

***Effective Date of Change:***

\_\_\_\_\_

\_\_\_\_\_

**NAME CHANGE:**

\_\_\_\_\_  
*New Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*MI*

\_\_\_\_\_  
*Previous Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*MI*

**ADDRESS CHANGE:**

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Apt/Space/Suite#*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Telephone Number*

For Verification Purposes, please provide your Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Submission instructions:** If attaching documentation, please print, sign and mail to the address at right. Otherwise, you may follow the instructions attached to securely upload the form to the message center.

**Blue Cross Blue Shield of Wyoming**  
**PO Box 2266 • Cheyenne, WY 82003**  
**Phone 1.800.442.2376 • Fax 307.634.5742**

Rev053025

# Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

**Online:** Download the form and fill it out in the free Adobe Reader ([get.adobe.com/reader](https://get.adobe.com/reader)) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

## Submission:

**BY MAIL** — Print and mail the completed form to:

*Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.*

**BY EMAIL** — Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

**BY SECURE UPLOAD** — Follow the directions below to securely upload your form to the Message Center at YourWyoBlue.com ([www.yourwyoblue.com](https://www.yourwyoblue.com)). Click the link or scan the QR code.

After logging in to your **YourWyoBlue.com** account, and going to the **Message Center**:

### STEP 1

Click on the **CONTACT US** button near the bottom of the page.

### STEP 2

Select the plan the form applies to from the list in the **CONTACT US** panel.

### STEP 3

Select General–Other as the **Message Topic**.

### STEP 4

Include any message in the **Questions & Comments** box.

### STEP 5

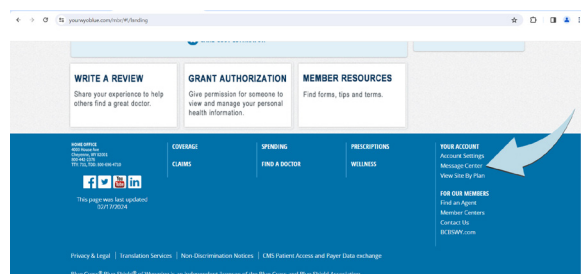
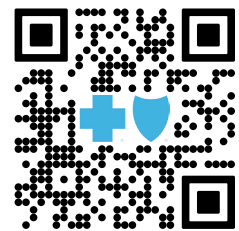
Click on the paperclip icon next to **Attach file** and attach completed form from its location on your device.

### STEP 6

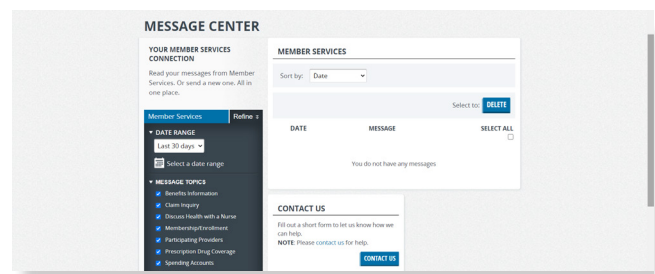
Fill in remaining information (\*Phone number, \*Best time to call, and \*May we leave a message...?)

### STEP 7

Click on the **SUBMIT** button to upload your saved form securely.



Message Center link, Desktop View



Contact Us button, Desktop View