

Request for Cancellation

Effective Date Requested:		
Please cancel my Blue Cross Blue Shield of Wyoming coverage.		
Print Name:	ID Number:	
Reason for Cancellation:		
Cancellation requests must reach the Blue Cross Blue Shield office before the first of the month of the requested cancellation date, and must be signed by the subscriber.		
Signature	Telephone	Date
If your healthcare coverage is through your wo	ork, please submit this forn	n to your employer.

Otherwise, please mail to the address below. If uploading to the Message Center, please follow the instructions on the next page.

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

Phone: 800.442.2376 | Fax: 307.634.5742

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) 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). 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.

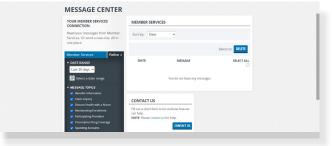
STEP 6

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