



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 work, please submit this form 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 at Member.YourWyoBlue.com (member.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your Member.YourWyoBlue.com account:

STEP 1
Click on the **Support** button on the menu bar. Scroll down and select **Send a Message**.

STEP 2
Select the plan the form applies to from the list in the panel. Click **Continue**.

STEP 3
Select General–Other as the **Topic**.

STEP 4
Fill in **Callback Preferences** (*Phone number, *Best time to call, and *May we leave a message...?).

STEP 5
Type any message in the **Message** box.

STEP 6
Click on the paperclip icon next to message box to attach a completed form from its location on your device.

STEP 7
Click on the **Send** button to send your message and upload your saved form securely.

