



An independent licensee of the Blue Cross and Blue Shield Association

4000 House Avenue
P O Box 2266
Cheyenne, WY 82003
307.634.1393
1.800.442.2376

Request to Cancel Dependent Coverage

YOUR NAME _____ Date cancellation is to become effective _____

SOCIAL SECURITY NUMBER _____ ID NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Check here if address is different.

SIGNATURE _____ DATE SIGNED _____

NOTE: I have read and understand the evidence of insurability requirements and/or late enrollee limitations of my Group Master Agreement or Plan document and realize that if I decide to add these dependents at a later date, they will be subject to these provisions as permitted by applicable law.

Please check below the relationship of dependent(s):

Husband Wife Son Daughter Other

Reason for deleting dependent(s) from coverage:

Divorce MM/DD/YYYY Separation MM/DD/YYYY Death MM/DD/YYYY Receiving coverage elsewhere

Child no longer eligible for coverage because: By Request

No longer full-time student (give last date of full time attendance) MM/DD/YYYY

Other (please explain) _____

Table with 2 columns: PRINT FIRST NAME & INITIAL (INCLUDE LAST NAME IF DIFFERENT), BIRTHDATE (MM/DD/YYYY). Rows for Delete 1, 2, 3, 4.

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BCBSWY follows Federal civil rights laws and doesn't discriminate based on race, color, national origin, age, disability or sex. Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-442-2376 (TDD: 1-800-696-4710). 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-442-2376 (TDD : 1-800-696-4710)

Submission instructions: 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

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.

