



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.

SA-3 10/16

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](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:

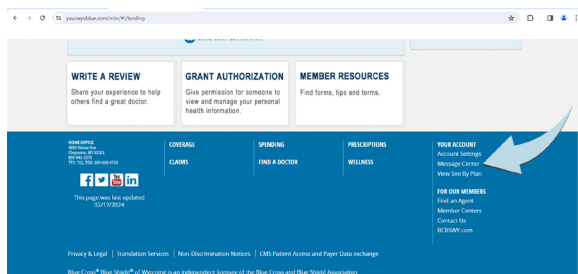
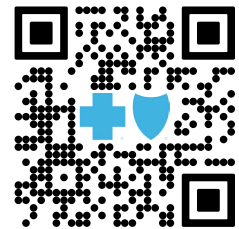
**BY MAIL** – Print and mail the completed form to:  
*Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.*

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

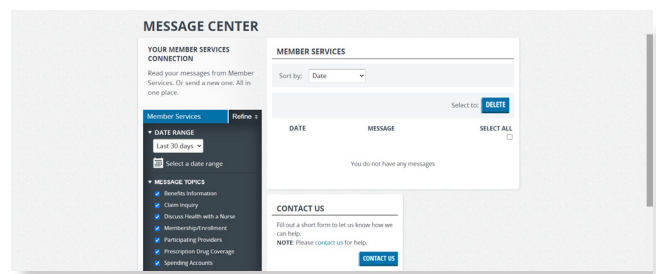
**BY SECURE UPLOAD** – Follow the directions below to securely upload your form to the Message Center at [YourWyoBlue.com](http://YourWyoBlue.com) ([www.yourwyoblue.com](http://www.yourwyoblue.com)). Click the link or scan the QR code.

After logging in to your [YourWyoBlue.com](http://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