



WASHINGTON STATE HEALTH  
INSURANCE POOL

PO Box 1090  
Great Bend, KS 67530  
Fax: (620) 793-1199  
www.wship.org

Questions? Call 1-800-877-5187

October 2018

«First» «Last»  
«Addr»  
«Addr2»  
«City», «ST» «Zip»

Member ID: «Partic»  
Current Plan: «Plan»  
Current Deductible: «Plan»  
Date of Birth: «DOB»

## Plan Change Form

**Return by December 15, 2018**

This form is used to change plans during open enrollment for coverage that will begin January 1st of the following year. **To change plans, you must select a plan that has the same or higher deductible as your current plan.** (Your current plan and deductible are displayed above for quick reference.)

*Check the box below for the plan you want to change to effective January 1, 2019:*

- I DO NOT want to change my plan for 2019** (Returning this form is optional if you do not want to change plans. If the form is not returned, your coverage will remain under your current plan.)
- Preferred Provider Plan \$500 deductible**
- Preferred Provider Plan \$1,000 deductible**
- Preferred Provider Plan \$2,500 deductible**
- Preferred Provider Plan \$5,000 deductible**
- HSA Qualified Preferred Provider Plan \$3,000 combined medical / pharmacy deductible**

If you have any questions concerning changes you might be considering, please call WSHIP customer service at **1-800-877-5187**.

**If you do not return this form, you will remain enrolled in your current plan and cannot elect to change plans until the next open enrollment period.** To change plans, this form must be **SIGNED** and **RETURNED PRIOR TO DECEMBER 15, 2018**. For your convenience we have enclosed a pre-addressed envelope, or you may fax this form to us at (620) 793-1199.

**By signing this form, I certify the following:**

I understand that I may only change to a plan that has the same or higher deductible as my current plan and that I will not be able to decrease my deductible in the future.

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

«Phone»\_\_\_\_\_  
Telephone #