

## Plan Change Form

### Return by December 15, 2025

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, 2026:*

- ☐ **I DO NOT want to change my plan for 2026** (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 1-888-277-9135.

**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, 2025**.

**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

\_\_\_\_\_  
Enrollee ID #