



Nationwide Health Plans

Underwritten by Nationwide Life Insurance Company

Application for Change

Farm Bureau Members' Health Insurance Program



* Servicemark used under license from the California Farm Bureau Federation.

Certificateholder's Name (PLEASE PRINT)	Certificate No.
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CANCEL ALL COVERAGE Effective date of cancellation:

MONTH	DAY	YEAR
	1	

CHANGE EXISTING COVERAGE Effective date of change:

MONTH	DAY	YEAR
	1	

TYPE OF CHANGE	CHANGE
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Name (PRINT): From: _____ To: _____

Address:
(STREET/CITY/STATE/ZIP)

NEW ADDRESS: BILLING RESIDENCE BOTH PHONE # _____

Marital Status To: Single Married Date of marriage or divorce: _____

(IF DIVORCE, BOTH INSURED & SPOUSE MUST SIGN FORM)

MONTH	DAY	YEAR
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Premium Mode To:
(INDICATE MONTH DUE)

Semiannual (MONTH DUE) Quarterly (MONTH DUE)

Electronic Funds Transfer (Include a signed EFT authorization form, & voided check.)

Monthly Billing (\$5.00/month fee will be added) Monthly Repetitive Credit Card (Include a Auth. for Repetitive Credit Card Premium Payment Form.)

Plan Change
(CONTACT YOUR AGENT TO VERIFY IF THIS FORM IS APPROPRIATE FOR THE CHANGE REQUESTED.)

Change plan: From Plan _____ to Plan _____
(cannot use this form to increase coverage)

From Medicare Supplement Plan _____ to Medicare Supplement Plan _____
(cannot use this form to increase coverage)

Other _____

Increase deductible: From \$ _____ to \$ _____
(only increases allowed on this form)

Beneficiary:

From: (NAME) _____ To: (NAME) _____

(RELATIONSHIP) _____ (RELATIONSHIP) _____

Address _____

Date of Birth _____ SSN# _____

Dependent Coverage: (REQUIRES SIGNATURE OF SPOUSE AND/OR DEPENDENT CHILD IF 18 OR OVER.)	CANCEL	REASON	DEPENDENT'S NAME (PRINT)	RELATIONSHIP TO INSURED	SEX	DATE OF BIRTH			SOCIAL SECURITY NO.
						MO.	DAY	YR.	
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

Add Newborn/Adopted Child
(WITHIN 30 DAYS OF BIRTH OR ADOPTION)

Remarks

(CHANGE WILL NOT BE PROCESSED WITHOUT CERTIFICATEHOLDER'S SIGNATURE)

Certificateholder's Signature _____ Date _____
OR PARENT/LEGAL GUARDIAN OF CERTIFICATEHOLDER IF UNDER 18 YEARS OF AGE

Spouse's Signature _____ Date _____
AND/OR DEPENDENT IF AGE 18 OR OVER

Agent's Signature _____ Agent Ph. # _____ Agt. # _____ Date _____