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**Starting January 1, 2015 I wish to *CHANGE* my BCBSNC #075416 coverage to:**

**The *BASE* Plan for this amount per (12) payroll periods:**

**$0 Employee**

**$365.10 Employee and Spouse**

**$366.41 Employee and Child (ren)**

**$775.05 Family**

**The *BUY UP* Plan for this amount per (12) payroll periods:**

**$41.90 Employee**

**$579.43 Employee and Spouse**

**$493.67 Employee and Child (ren)**

**$1,123.66 Family**

**\*I do not need to fill this out if I am not making any changes.**

**\*I understand that I can only change plans at open enrollment each year and this is my election until 12-31-15. *If I am changing anything else (add or drop dependent, address change, etc.) I must complete a change form from BCBSNC.***

***Print Name Social Security Number Date of Birth***

***Signature Today’s Date***