



Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
100 SW Market Street
PO Box 1271
Portland, Oregon 97207-1271
Mail form to: PO Box 1200
Portland, OR 97207-1200
Fax to: 1 (866) 303-5117

Employee Choice Request Form

To enroll employees into Regence **Employee Choice** options, list the employee's name and plan choice. Choices should be considered carefully as employees will not be allowed to switch plans until your annual open enrollment period.

Group Number(s)	Group Name	Effective Date

Plan Choice - Provide Benefit Detail (i.e., Innova \$500 deductible, HSA 2.0 \$2,500 deductible):

1.
2.
3.
4.
5.
6.
7.
8.

Important Note: If a new employee is enrolling or an existing employee is making any change to enrollment such as adding a spouse/dependent, waiving an already enrolled spouse/dependent, termination of coverage, this form cannot be used. An Application for Enrollment/Change form must be submitted.



