

**Open Enrollment**  
October 1, 2018 – September 30, 2019

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First and Last Name – **Please Print**

**MEDICAL**

- ☐ I would like to move from Blue Cross 100% to Blue Cross 80%.
- ☐ I would like to move from Blue Cross 80% to Blue Cross 100%.
- ☐ I would like to move from Blue Cross 80% to Blue Cross 90%.
- ☐ I would like to move from Blue Cross 100% to Blue Cross 90%.

**DENTAL**

- ☐ I would like to move from Delta PPO to Delta Premier.
- ☐ I would like to move from Delta Premier to Delta PPO.

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Signature

Date