



**BlueCross BlueShield
of Illinois**
PO Box 3234
Naperville, IL 60566-7903
Address Service Requested

REQUEST TO WITHDRAW ENROLLMENT IN NEW 2014 POLICY

Complete this form **ONLY** if you:

- Have already enrolled in a new individual health insurance policy effective January 1, 2014, **BUT NOW**
- Wish to keep your current (2013) policy.

Fill out your information and return the completed form by **December 23, 2013**, to:

| Email | Toll-free fax | Mailing address |
|--|---------------|--|
| EnrollmentWithdrawalRequest@bcbsil.com | 888-235-2936 | Blue Cross and Blue Shield of Illinois P.O. Box 3234 Naperville, IL 60566-7903 |

I hereby request the withdrawal of my enrollment for a new individual policy effective January 1, 2014, and affirm that I would like to maintain my current policy that was in effect in 2013. I understand that my current policy may NOT provide all of the rights and protections of the federal health care law that take effect for policies beginning in 2014.

Please print clearly.

Name (primary cardholder): _____

Member ID No. (from ID card): _____

Group No. (from ID card): _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____

Date: _____