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| <b>FOR FCHP USE ONLY</b> |
| Effective Date:          |
| Authorized By:           |

## *FirstCommunity* SENIOR SELECT CHANGE IN MEMBER STATUS

1-800-734-7826  
 P.O. Box 2887    Huntsville, AL 35804    (256) 532-2783

|                           |  |  |  |
|---------------------------|--|--|--|
| <b>MEMBER INFORMATION</b> |  |  |  |
|---------------------------|--|--|--|

|                               |           |                |  |
|-------------------------------|-----------|----------------|--|
| Member Name (Last, First, MI) | Plan Type | Subscriber No. |  |
|-------------------------------|-----------|----------------|--|

|               |                        |            |                 |
|---------------|------------------------|------------|-----------------|
| Date of Birth | Social Security Number | Home Phone | Alternate Phone |
|---------------|------------------------|------------|-----------------|

|                    |                           |
|--------------------|---------------------------|
| <b>NAME CHANGE</b> | <b>Signature Required</b> |
|--------------------|---------------------------|

|                |                   |
|----------------|-------------------|
| Date of Change | Reason for Change |
|----------------|-------------------|

|                                    |
|------------------------------------|
| Change Name From (Last, First, MI) |
|------------------------------------|

|                                  |
|----------------------------------|
| Change Name To (Last, First, MI) |
|----------------------------------|

|                       |
|-----------------------|
| <b>ADDRESS CHANGE</b> |
|-----------------------|

|                    |      |       |     |       |
|--------------------|------|-------|-----|-------|
| OLD Street Address | City | State | Zip | Phone |
|--------------------|------|-------|-----|-------|

|                    |      |       |     |       |
|--------------------|------|-------|-----|-------|
| NEW Street Address | City | State | Zip | Phone |
|--------------------|------|-------|-----|-------|

|                         |                           |
|-------------------------|---------------------------|
| <b>COVERAGE CHANGE*</b> | <b>Signature Required</b> |
|-------------------------|---------------------------|

I am requesting a change in coverage as follows:

\_\_\_\_\_ Change from Plan B to Plan C                      \_\_\_\_\_ Change from Plan C to Plan B

\*Plan changes may be made only during the first 30 days following initial enrollment (this change will be effective the 1st of the month following approval by FCHP) **OR** between November 1st and December 15th of every calendar year (this change will be effective January 1st following approval by FCHP). I understand that my new monthly premium will be the rate that is being charged for the plan to which I am changing.

|                               |                           |
|-------------------------------|---------------------------|
| <b>WITHDRAWAL OF COVERAGE</b> | <b>Signature Required</b> |
|-------------------------------|---------------------------|

I hereby give notice of withdrawal from participation in FirstCommunity Senior Select. I realize that this will be effective the first of the month following FCHP's receipt of this form. Should I elect to participate again in FirstCommunity Senior Select, I may be required to furnish evidence of insurability satisfactory to FirstCommunity Senior Select at my own expense.

\_\_\_\_\_  
 SIGNATURE OF MEMBER

\_\_\_\_\_  
 DATE