



Horizon Blue Cross Blue Shield of New Jersey

Conversion Request Form

(one form per product change)

You may complete the required fields below online and then save or print a copy for submission. To save a completed copy to your computer, choose File > Save As to rename the file and save the form with your information to your computer.

Group Name: _____

Group Number: _____

Effective Date: ____ / ____ / ____ Renewal Date (Internal Use Only): ____ / ____ / ____
MM DD YYYY MM DD YYYY

Broker Name: _____ Vendor Number: _____

If census is changing, please include enrollment forms for new employees and/or any contract changes for existing members.

Please provide employee name and selected Primary Care Physician (if applicable).

Employee Name	PCP (if applicable) (J or K codes only)	Current Subgroup # (Internal Use Only)	New Subgroup # (Internal Use Only)

*** Please note that unless notified, all groups will be set up for one bill option.**

**** Please submit quote with the Conversion Request Form.**

Comments:

Group Signature: _____ Date: ____ / ____ / ____
MM DD YYYY

Account Consultant Signature: _____ Date: ____ / ____ / ____
MM DD YYYY