

Retiree Address Change & Medical Plan Transition Request

Please Print

Clear Form

Effective Date of Move: _____

RETIREE (OR BENEFICIARY)	SOCIAL SECURITY & PHONE NUMBERS
First Name:	SSN _____
Last Name:	New Phone: () _____

PREVIOUS ADDRESS	NEW ADDRESS
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Name of current health plan enrolled in:	

If you are enrolled in the Kern Legacy Classic Choice or Kern Legacy Max Choice Retiree Medical plan and changing enrollment areas, please select one of the following:

Please transition my plan to:

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Kern Legacy CLASSIC CHOICE

Out of State (OOS) Plan – Anthem Blue Cross Network Providers *

(Only available to members who reside outside the State of California)

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Kern Legacy MAX CHOICE

Out of State (OOS) Plan – Anthem Blue Cross Network Providers *

(Only available to members who reside outside the State of California)

* To maximize your medical benefits, use contracted providers with Anthem/Blue Cross Provider Network: (877)-268-4162 or www.anthem.com

By signing below, I understand if I reside outside the plan's provider network service area, I will not be eligible to remain enrolled in the plan and will need to request a plan change within 30 day from the date of move. For additional information concerning the provider network service area, please contact KC Health & Wellness at (661) 868-3182.

Retiree (or Beneficiary) Signature: _____ Date: _____

Please return completed form to:

Kern County Health & Wellness
1115 Truxtun Ave., 1st Floor, Bakersfield, CA 93301