



COBRA Change Form

Return completed form via email or fax by November 17th, 2023

Email: BMOHR.USBenefits@bmo.com Fax: (866) 932-6312

(You can also make changes and drop coverage online in your PayFlex portal)

You only need to complete this form if you are making changes for 2024

Full Name (Print)	Social Security #	Birthdate	Telephone
Home Address	City	State	Zip Code

ELECTIONS - To make your changes to your elections, fill in the circle next to the plan and coverage level in the sections below.

Medical Plan	Medical Coverage Level
<input type="radio"/> No coverage – Drop <input type="radio"/> Consumer Choice Plan – BCBS (<i>ALL US</i>) [BCHDHP] <input type="radio"/> Consumer Choice Plan – KAISER (<i>N. CALIFORNIA</i>) [KAIHSANCA] <input type="radio"/> Consumer Choice Plan – KAISER (<i>S. CALIFORNIA</i>) [KAIHSASCA] <input type="radio"/> Consumer Choice Plan – KAISER (<i>COLORADO</i>) [KAIHSACO] <input type="radio"/> Consumer Choice Plan – KAISER (<i>OREGON</i>) [KAIHSAOR]	<input type="radio"/> Employee only <input type="radio"/> Employee + Spouse/Domestic Partner <input type="radio"/> Employee + Child(ren) <input type="radio"/> Employee + Family
Dental Plan	Dental Coverage Level
<input type="radio"/> No coverage - Drop <input type="radio"/> Delta Dental [DLT]	<input type="radio"/> Employee only <input type="radio"/> Employee + Spouse/Domestic Partner <input type="radio"/> Employee + Child(ren) <input type="radio"/> Employee + Family
Vision Plan	Vision Coverage Level
<input type="radio"/> No coverage - Drop <input type="radio"/> VSP Base Plan [VISBASE] <input type="radio"/> VSP Premier Plan [VISPRM]	<input type="radio"/> Employee only <input type="radio"/> Employee + Spouse/Domestic Partner <input type="radio"/> Employee + Child(ren) <input type="radio"/> Employee + Family

DEPENDENTS - To make your changes to your dependents, fill in the section below.

Name	Relationship	Gender	Social Security #	Birthdate	Add or Remove		
					Medical	Dental	Vision

AUTHORIZATION – Sign to authorize the changes listed on this form.

Signature	Date
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