



If you are not making changes, do not return this form. All changes are effective Jan. 1, 2027.

Member information

Member name (First MI Last)			Member ID/SSN	
Date of birth	☐ Male ☐ Female	☐ Married ☐ Single		
Mailing address (☐ New)		City	State	ZIP code
Phone	Alt phone	Email		

Health plan election – Select a plan to add or change

☐ No change	☐ Add or change	☐ Drop
☐ CommunityCare HMO		☐ HealthChoice High* or High Alternative
☐ GlobalHealth HMO		☐ HealthChoice Basic* or Basic Alternative
☐ HealthChoice High Deductible Health Plan (HDHP)		*Must complete online Tobacco-Free Attestation or reasonable alternative by Dec. 7, 2026.

Member primary physician (HMO only):

☐ Current patient ☐ New patient

Dental plan election – Select a plan to add or change

☐ No change	☐ Add or change	☐ Drop
☐ BCBSOK BlueCare Dental High Plan		☐ HealthChoice Dental
☐ BCBSOK BlueCare Dental Low Plan		☐ MetLife High Classic MAC
☐ Cigna Prepaid (GAOV9)		☐ MetLife Low Classic MAC
☐ Delta Dental PPO – Choice		☐ Sun Life Preferred Active PPO
☐ Delta Dental PPO		

Member primary dentist (Prepaid only):

☐ Current patient ☐ New patient

Vision plan election – Select a plan to add or change

☐ No change	☐ Add or change	☐ Drop
☐ Primary Vision Care Services (PVCS)		☐ Unity Vision (formerly Vision Care Direct)
☐ Superior Vision		☐ VSP (Vision Service Plan)

Dependent elections

Spouse name		Health ☐ Add ☐ Drop	Dental ☐ Add ☐ Drop	Vision ☐ Add ☐ Drop
SSN		Primary physician ☐ Current patient ☐ New patient		
Date of birth	☐ Male ☐ Female	Primary dentist ☐ Current patient ☐ New patient		
Does your spouse have their own coverage through EGID?		☐ No ☐ Yes (If yes, list name and SSN above.)		
Child name		Health ☐ Add ☐ Drop	Dental ☐ Add ☐ Drop	Vision ☐ Add ☐ Drop
SSN		Primary physician ☐ Current patient ☐ New patient		
Date of birth	☐ Male ☐ Female	Primary dentist ☐ Current patient ☐ New patient		
Child name		Health ☐ Add ☐ Drop	Dental ☐ Add ☐ Drop	Vision ☐ Add ☐ Drop
SSN		Primary physician ☐ Current patient ☐ New patient		
Date of birth	☐ Male ☐ Female	Primary dentist ☐ Current patient ☐ New patient		
Child name		Health ☐ Add ☐ Drop	Dental ☐ Add ☐ Drop	Vision ☐ Add ☐ Drop
SSN		Primary physician ☐ Current patient ☐ New patient		
Date of birth	☐ Male ☐ Female	Primary dentist ☐ Current patient ☐ New patient		

To list additional dependents, please obtain the Dependent Attachment Form from EGID.

Signatures (you must sign and date this form)

Member signature	Date
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Spouse must sign if common-law.

☐ **Common-law spouse certification:** I certify that this person listed above as my spouse and I have an actual and mutual agreement between ourselves to be married; this is a permanent relationship, and our relationship is exclusive, as proven by our cohabitation as spouses; and do hereby hold ourselves out publicly as married. I am aware that this relationship can be dissolved only by legal divorce.

Spouse signature	Date
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If making changes, return completed form no later than Dec. 7, 2026, to:

EGID
P.O. Box 11137
Oklahoma City, OK 73136-9998