



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield  
1800 Ninth Avenue  
Seattle, Washington 98101

**Mail form to:** PO Box 1200  
Portland, OR 97207  
**Fax form to:** 1 (866) 303-5117

## Authorization to Continue Coverage

Please complete this form and return to our office within 30 days if you choose to continue your coverage on the same plan.

Member Identification Number 

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Individual Group Identification Number 

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Member Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

Check if the Billing Address is the same as the Street Address above

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Plan \_\_\_\_\_

Birth Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

