SANTA BARBARA CITY COLLEGE

Human Resources

Change effective October 1, 2026

October 1, 2026 – September 30, 2027

First and Last Name – **Please Print** **K Number**

MEDICAL

□ I would like to move from Blue Cross 100% to Blue Cross 90%.

□ I would like to move from Blue Cross 100% to Blue Cross 80%.

□ I would like to move from Blue Cross 90% to Blue Cross 100%.

□ I would like to move from Blue Cross 90% to Blue Cross 80%.

□ I would like to move from Blue Cross 80% to Blue Cross 100%.

□ I would like to move from Blue Cross 80% to Blue Cross 90%.

DENTAL

□ I would like to move from Delta PPO to Delta Dental Incentive.

□ I would like to move from Delta Dental Incentive to Delta PPO.

_ I would like to move from a Delta Dental plan to the Anthem Dental PPO.
*(**You will need to complete an enrollment form for Anthem Dental)**.

Signature Date

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