OKLAHOMA
Employees Group Insurance Division

Employees Group Insurance Division

2026 OPTION PERIOD ENROLLMENT/CHANGE FORM

COBRA MEMBERS

If you are not making changes, do not return this form. All changes are effective Jan. 1, 2026.

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**

- ☐ BCBSOK – BlueLincs HMO
- ☐ CommunityCare HMO
- ☐ GlobalHealth HMO
- ☐ HealthChoice High Deductible Health Plan (HDHP)
- ☐ HealthChoice High* or High Alternative
- ☐ HealthChoice Basic* or Basic Alternative

*Must complete online Tobacco-Free Attestation or reasonable alternative by Dec. 31, 2025.

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
- ☐ BCBSOK BlueCare Dental Low Plan
- ☐ Cigna Prepaid High (K1I09)
- ☐ Cigna Prepaid Low (OKIV9)
- ☐ Delta Dental PPO – Choice
- ☐ Delta Dental PPO
- ☐ HealthChoice Dental
- ☐ MetLife High Classic MAC
- ☐ MetLife Low Classic MAC
- ☐ Sun Life Preferred Active 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)
- ☐ Superior Vision
- ☐ Vision Care Direct
- ☐ 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

Member signature	Date

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

If you are not making changes, do not return this form.

If making changes, return completed form no later than Dec. 7, 2025, to:

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