

Enrolling is Simple. Just Follow These 3 Easy Steps...

Step 1

COMPLETE THE APPLICATION IN BLUE OR BLACK INK. Be sure you follow the instructions on the application carefully. We have tried to make the instructions easy to follow. If you have any questions, or you are not sure how to answer a question, simply contact our health insurance department at: _____ fax: _____

Step 2

SELECT THE TYPE OF BILLING YOU WANT – monthly (by checking account deduction), bi-monthly (every two months) or quarterly (every three months).

Step 3

SEND THE COMPLETED APPLICATION TO:

Please make your check payable to: Anthem Blue Cross

We will be in contact with you upon receipt of your completed application. We will also keep you advised of the underwriting status. Do Not Cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits from the insurance company.

If you have questions please contact our office at:

Thank you for choosing...





Attach Check Here

Anthem Blue Cross Life and Health Insurance Company
Individual Dental PPO Plan Enrollment Application

If you are an Anthem Blue Cross member, please enter your current Anthem Blue Cross group number and certificate number.

GROUP NO. CERTIFICATE NO.

Check Billing Type Selected

- Monthly (by checking account deduction only)
Bimonthly Quarterly

Application Information: Applicant must complete this section.

PLEASE PRINT

Form with fields: LAST NAME, FIRST NAME, MI, SEX, BIRTHDATE, MARITAL STATUS, SOCIAL SECURITY NUMBER, HOME ADDRESS, BILLING ADDRESS, CITY, STATE, ZIP CODE, HOME PHONE NO., BUSINESS PHONE NO.

Spouse To Be Insured (Sign Below)

Form with fields: NAME OF SPOUSE, SEX, BIRTHDATE, SOCIAL SECURITY NUMBER

Children To Be Insured

Form with fields: NAME (First and Last), SEX, BIRTHDATE for children 1, 2, 3, 4

Signatures (Required)

Any dispute between you and Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company must be resolved by binding arbitration...

Statement of Understanding for Areas 2, 3, 10, 11 and 12 (counties with limited availability - see page 8.) I understand the difference between a Participating Dentist and a Non-Participating Dentist...

Form with fields: SIGNATURE OF APPLICANT/PARENT OR LEGAL GUARDIAN, TODAY'S DATE, SIGNATURE OF APPLICANT'S SPOUSE, TODAY'S DATE, SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER, TODAY'S DATE

Agent Information

Form with fields: SIGNATURE OF AGENT, AGENT NAME (PRINT), AGENT NUMBER

FOR ANTHEM BLUE CROSS ONLY

Form with fields: GROUP NO., CERTIFICATE NUMBER, AGENT NO., EFFECTIVE DATE, PRE-EXIST, AREA, BY, DATE