

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 Blue PPO Plan Enrollment Application

If you are an Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company subscriber, please enter your current group number and certificate number.

GROUP NO. CERTIFICATE NO.

Check Billing Type Selected

- Monthly (by checking account deduction only)
Bimonthly
Quarterly

Select One

- Dental Blue 100 Basic
Dental Blue 200 Essential
Dental Blue 100 Plus
Dental Blue 200 Plus

Application Information: Applicant must complete this section.

PLEASE PRINT

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

Children To Be Insured

Form with fields for NAME, SEX, BIRTHDATE for children 1, 2, 3, 4

Signatures (Required)

Any dispute between you and Anthem Blue Cross/Anthem Blue Cross Life and Health must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of Small Claims Court, and not by lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage, both you and Anthem Blue Cross and its affiliates are giving up the right to have any dispute decided in a court of law before a jury.

Statement of Understanding for Areas 2, 3, 10, 11 and 12 (counties with limited availability - see pages 12 and 13.) I understand the difference between a Participating Dentist and a Non-Participating Dentist, and would like to apply. I know that I probably will not be able to use a Participating Dentist and that I will probably pay more for dental care. When I use Non-Participating Dentists, I will pay the difference between the limited benefit that the plan pays and the actual charge by the Non-Participating Dentist. This means that I may be responsible for a larger portion of my dental bills.

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

FOR ANTHEM BLUE CROSS ONLY. Form with fields for GROUP NO., CERTIFICATE NUMBER, AGENT NO., EFFECTIVE DATE, PRE-EXIST, AREA, BY, DATE