

How to enroll

For new members enrolling in dental coverage only:

- Complete and sign the attached application
- Determine your premium
- Choose your payment plan
- Write a check payable to Anthem Blue Cross Life and Health Insurance Company
- Send the application and payment to the address below, or to your agent

For new members enrolling in Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company health and dental coverage:

- See instructions on the Individual Enrollment Application

For Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company health members who want to add dental:

- Complete the attached application
- Determine your premium
- Choose your payment plan*
- Write a check payable to Anthem Blue Cross Life and Health Insurance Company.
- Send the application and payment** to the address below, or to your agent

* You must select the same payment option for your dental plan that you have for your health plan.

**Even if you pay your health premium by a monthly checking account automatic premium payment or credit card, you must send the first month's dental premium with the application.

To determine your initial premium:*

- If you want to pay your bill monthly, fill out the attached Checking Account Deduction Authorization and submit it, along with a check for one month's premium and a blank check marked "VOID."
- If you want to pay your bill every other month (bimonthly), write a check for two months' premium.
- If you want to pay your bill every three months, write a check for three months' premium.

*If you are an Anthem Blue Cross health plan member, you must select the same payment option for your dental plan that you have for your health plan.

Send your application and payment to one of the following addresses:

OLEG SKURSKIY
18375 Ventura Blvd # 226
Tarzana, CA 91356
or by Fax 818-776-9865

If you have any questions, please call (818) 654-4548

Optional monthly checking account deduction

- ① Complete this section.
- ② Attach a blank check marked "VOID" to this form. (DEPOSIT SLIPS or TEMPORARY CHECKS ARE NOT ACCEPTABLE).
- ③ Submit a check for one month's premium payable to Anthem Blue Cross. If the account listed is a joint account, both account holders' signatures are required.

Checking Account Deduction Authorization

As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and made payable to the order of Anthem Blue Cross, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn by you and signed personally by me. I authorize Anthem Blue Cross to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Blue Cross premiums. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of insurance.

Name of Bank	
Address	
City / State / Zip Code	

NOTE: You will incur a service charge for any withdrawal not honored. Should your withdrawal not be honored by your bank, you automatically will be removed from monthly checking account deduction, and will be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction option.

Account Holder's Name	
Account Holder's Social Security No. / Certificate No.	Group No.
Name on Checking Account (If different than above)	
Checking Account No.	
Authorized Signature (As it appears in the financial institution's records)	
Date	
Authorized Signature (As it appears in the financial institution's records)	
Date	

→ Staple Blank, Voiced Check Here →



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 3, 4, 5 and 6 (counties with limited availability - see page 8.) I understand the difference between a Participating Dentist and a Non-Participating Dentist...

Form with signature lines and dates for Applicant, Spouse, and Dependent

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