

Freedom Blue (Regional PPO) Individual Enrollment Request Form – 2011



Be sure to complete the entire enrollment form. Then, mail the completed form to
Oleg Skurskiy Authorized Agent
18375 Ventura Blvd. # 226 or **By Fax : 1-818-776-9865**
Tarzana , CA 91356

Please contact Anthem Blue Cross if you need information in another language or format (Braille).

To enroll in Freedom Blue (Regional PPO), please provide the following information.				
Please check which plan you want to enroll in:				
<input type="checkbox"/> Freedom Blue Plan I (Regional PPO) \$0 per month				
<input type="checkbox"/> Preventive Dental Package #1 \$9				
<input type="checkbox"/> Comprehensive Dental and Vision Package #2 \$25				
<input type="checkbox"/> Combination Package #3 \$39				
Last name		First name	Middle initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth date (___/___/____) (M M / D D / Y Y Y Y)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone number ()	Alternate phone number ()
Permanent residence street address (P.O. box is not allowed.)				
City		State	ZIP code	
Mailing address (only if different from your permanent residence address)				
Street address		City	State	ZIP code
E-mail address				

