Anthem® Extras Packages Senior Enrollment Application

Anthem Health. Join In.℠

Clear Form Fields- Except Section E

Send your completed application and payment to:
Anthem Blue Cross and Blue Shield
P.O. Box 5028
Denver, CO 80217-5028
FAX: 877-238-1107

Please print – complete in blue or black ink only.
Important: To be eligible to apply for this coverage you must be 65 years of age or older.

Section A–Applicant Information

**This information is used for internal purposes only and will not be disclosed.*

Last Name	First Name	MI	Social Security Number*

Home Address (street and P.O. Box if applicable)	City	State	ZIP

County	Gender	Date of Birth	Age	Daytime Phone Number	Evening Phone Number
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E-mail Address (not shared with any third party)

If you currently have medical, dental or life coverage through Anthem Blue Cross and Blue Shield, please provide your Identification Number :

_____

If you are a current Anthem Blue Cross and Blue Shield member, what insurance do you have with us?

☐ Individual Health ☐ Group Health ☐ Group Vision
☐ Individual Dental ☐ Group Dental ☐ Group Life/Disability
☐ Individual Life

Section B–Coverage Information

Effective date requested: If your application is approved, your coverage can start on any day of the month after the date we receive your application.

Please choose the date you would like your coverage to start: _____/_____/_____ (MM/DD/YY).

☐ Standard Package ☐ Premium Package ☐ Premium Plus Package ☐ Premium Plus Dental

Section C–Billing Information

Frequency (select one)
☐ Monthly ◉ Quarterly
☐ Semi-annually ☐ Annually

Initial Premium (required) ☐ Automatic Bank Draft (see below) ◉ Premium check enclosed (make check payable to *Anthem Blue Cross and Blue Shield*)

Total amount enclosed $ _____

If you submit a personal check for premium payments, you automatically authorize us to convert that check into an electronic payment. We will store a copy of the check and destroy the original paper check. Your payment will be listed on your bank or credit union account statement as an Electronic Funds Transfer (EFT). Converting your paper check into an electronic payment does not authorize us to deduct premiums from your account on a monthly basis unless you have given us prior authorization to do so.

Section C–Billing Information (continued)

Method (select one)

☉ HOME – Bills will be sent to your home address unless you list an alternate address here:

Name _____ Street Address (and PO Box if applicable) _____

City _____ State _____ ZIP Code _____

○ AUTOMATIC BANK DRAFT – Premium is deducted on the same day of the month as your effective date; ***you must attach a blank, voided check.***

If selecting Automatic Bank Draft: I authorize Anthem Blue Cross and Blue Shield to initiate premium deductions from the checking account indicated and the designated financial institution to debit the same account. This authorization is in effect until I notify Anthem in writing that I no longer desire this service, allowing them reasonable time to act upon my notification. I understand Anthem and my financial institution have the right to discontinue the withdrawals at their discretion.

Account holder's name (please print)

X _____

Account holder's signature (if other than the applicant)

X _____

Section D–Agreement Signature Required

Fraud Disclaimer: Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan, or other person, files an application for insurance or other form of health coverage containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Signature of Applicant	Date

Section E–Agent Certification

Agent Signature			Date
Agent Name (please print)		Agent Street Address/Suite No./Personal Mail Box (PMB)/No.	
Agent ID No.	City/State/ZIP	County Code	Area
Agent Phone No. - -	Agent Fax No. - -	Agent Email Address	
General Agent (if applicable) (please print)		General Agent Code (if applicable)	