

Anthem Blue Cross Enrollment Form



Please return the completed enrollment form to your employer.

Effective date (MM/DD/YY)	Group no.
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Purpose: New enrollment Re-hire Part-time to full-time Open enrollment Family addition Change COBRA Cal-COBRA

Section 1: Type of coverage – Select from only the coverages offered by your employer.

Medical

Anthem Blue Cross plans: <input type="checkbox"/> HMO ¹ <input type="checkbox"/> Select HMO ¹ <input type="checkbox"/> Preferred HMO ¹ <input type="checkbox"/> Vivity HMO ¹ <input type="checkbox"/> Advantage HMO ¹ <input type="checkbox"/> Clear Value <input type="checkbox"/> Priority Select HMO ¹ <input type="checkbox"/> Elements Choice (EQ) HMO ¹ <input type="checkbox"/> Other: _____	Anthem Blue Cross Life and Health Insurance Company plans: <input type="checkbox"/> PPO (Prudent Buyer) <input type="checkbox"/> CareAdvocate PPO <input type="checkbox"/> EPO (Prudent Buyer Exclusive) <input type="checkbox"/> Select PPO <input type="checkbox"/> POS (Blue Cross Plus) ¹ <input type="checkbox"/> BC PPO (non-California resident) <input type="checkbox"/> Elements Choice (EQ) PPO <input type="checkbox"/> BC Exclusive (non-California resident) <input type="checkbox"/> Medicare <input type="checkbox"/> BC CareAdvocate PPO	<input type="checkbox"/> Consumer Driven Health Plans: (select one of the following) <input type="checkbox"/> H.S.A. ² <input type="checkbox"/> H.R.A. <input type="checkbox"/> H.I.A. Plus <input type="checkbox"/> Elements Choice (EQ) HSA (non-California resident)
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1 Indicate Medical Group/IPA No. in the *Employee and family information* section.
 2 Anthem will facilitate the opening of a Health Savings Account in your name, if directed by your employer.

Dental

Anthem Blue Cross plans: <input type="checkbox"/> Dental Net HMO ³ <input type="checkbox"/> Choice Dental (select one of the following) <input type="checkbox"/> Dental Net HMO ³ <input type="checkbox"/> PPO Dental <input type="checkbox"/> Other: _____	Anthem Blue Cross Life and Health Insurance Company plans: <input type="checkbox"/> Dental Consumer Choice <input type="checkbox"/> Dental Essential Choice <input type="checkbox"/> Dental Prime <input type="checkbox"/> Dental Complete <input type="checkbox"/> Dental Prime Voluntary <input type="checkbox"/> Dental Complete Voluntary	<input type="checkbox"/> Dental Consumer Choice Voluntary <input type="checkbox"/> Dental Essential Choice Voluntary <input type="checkbox"/> Voluntary PPO Dental <input type="checkbox"/> Dental Blue Complete Incentive	<input type="checkbox"/> Dental Blue PPO <input type="checkbox"/> PPO Dental <input type="checkbox"/> National Dental Blue PPO <input type="checkbox"/> National PPO Dental <input type="checkbox"/> National Voluntary PPO Dental
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3 Indicate Dental Office No. in *Employee and family information* section 3.

UMIACCOUNT (Flexible Spending account)⁴ (Indicate payroll deductions)
 I authorize payroll deductions as follows: Health Care Account \$ _____ Dependent Care \$ _____

4 Anthem PPO, drug and dental plan enrollees, will have out-of-pocket expenses, automatically deducted from their Health Care FSA account. Automatic FSA processing is not possible for HMO enrollees and those with coverage through another health plan. Reminder: Automatic FSA processing is the equivalent of signing and submitting an FSA claim form, which states that you are eligible for FSA reimbursement and that you will not claim FSA reimbursed expenses on your income tax return.

Vision Blue View Vision (offered by Anthem Blue Cross Life and Health Insurance Company)

Life insurance All the coverages listed may not be offered by your employer. To elect dependent coverage, the corresponding employee coverage must be selected. List all life insurance beneficiaries in the *Life insurance beneficiary designation information* section. **Annual salary** \$ _____

Elected benefit <input type="checkbox"/> Basic Life (AD&D) \$ _____ <input type="checkbox"/> Dependent Life - Spouse \$ _____ <input type="checkbox"/> Dependent Life - Child \$ _____	Elected benefit <input type="checkbox"/> Optional Life - Employee \$ _____ <input type="checkbox"/> Optional Dependent Life - Spouse \$ _____ <input type="checkbox"/> Optional Dependent Life - Child \$ _____ <input type="checkbox"/> Short Term Disability \$ _____ <input type="checkbox"/> Long Term Disability \$ _____	Elected benefit <input type="checkbox"/> Optional AD&D - Employee \$ _____ <input type="checkbox"/> Optional AD&D - Spouse \$ _____ <input type="checkbox"/> Optional AD&D - Child \$ _____ <input type="checkbox"/> Voluntary Short Term Disability \$ _____ <input type="checkbox"/> Voluntary Long Term Disability \$ _____
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Language choice (optional) English Spanish Chinese Korean Other – please specify: _____

Section 2: Applicant's personal information **Social Security no. required under CMS Regulations and by the IRS.**

Last name	First name	M.I.	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner (DP)	Social Security or ID no. ⁵ (required)
Mailing address		Apt. no.	No. of dependents including spouse	Spouse/DP Social Security or ID no. ⁵ (required)
City		State	ZIP code	Home phone no.
Hire date/Rehire date Part-time to Full-time date (MM/DD/YY)	Employer name	Job title	Class	Dept. no.
Email address				

To be eligible as a Domestic Partner, the Subscriber and Domestic Partner must have properly filed a Declaration of Domestic Partnership with the California Secretary of State pursuant to the California Family Code, or have properly filed an equivalent document in accordance with the laws of another jurisdiction recognizing the creation of domestic partnerships.
 5 Anthem is required by the Internal Revenue Service to collect this information.