



Anthem Blue Cross Life and Health Insurance Company
Individual Dental Plan Enrollment Application

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

GROUP NO. CERTIFICATE NO.

Plan choice - select one

- Dental Blue Basic
Dental Blue Enhanced

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/Qualified Domestic Partner To Be Insured (Sign Below)

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

Children To Be Insured

Form with fields for NAME (First and Last), SEX, BIRTHDATE for four children

Language Preference - When information is sent to you, we may be able to send it in a language other than English. What language would you prefer? (Optional)

Language preference options: Spanish, Chinese, Korean, Japanese, Tagalog, Vietnamese, Khmer, Hmong, Farsi, Arabic, Armenian, Russian, Other

Signatures (Required)

Statement of Understanding for Dental Blue plan applicants in areas with limited availability: I understand the difference between a Participating Dentist and a Non-Participating Dentist, and would like to apply...

REQUIREMENT FOR BINDING ARBITRATION

The following provision does not apply to class actions:

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY...

Signature and date fields for Applicant/Parent, Spouse/Partner, and Dependent

Agent Information and Declaration

To the best of my knowledge, the information on this application is complete and accurate. I have explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information...

Agent information fields: SIGNATURE OF AGENT, AGENT NAME (PRINT), AGENT NUMBER

FOR ANTHEM BLUE CROSS ONLY

Fields for GROUP NO., CERTIFICATE NUMBER, AGENT NO., EFFECTIVE DATE, PRE-EXIST, AREA, BY, DATE

