

Anthem® Extras Packages Senior Enrollment Application for California

Send your completed application and payment to:
Anthem Blue Cross Life and Health Insurance Company
PO Box 5028
Denver, CO 80217-5028
FAX: 1-877-238-1107

Please print and 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 and not enrolled in a Med Advantage plan with Anthem.

Section A ² 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 (must be complete. P.O. Box not acceptable)					City		State	ZIP Code	
Mailing Address (if different from above or for P.O. Box)					City		State	ZIP Code	
County		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth		Age	Daytime Phone Number () ()		Evening Phone Number () ()	
Email Address (not shared with any third party)					Are you, the applicant, a Medi-Cal beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you currently have dental coverage through Anthem Blue Cross Life and Health, please provide: Member Identification Number: _____ Effective Date: _____ Termination Date: _____					If you are a current Anthem Blue Cross Life and Health member, what insurance do you have with us? <input type="checkbox"/> Individual Dental <input type="checkbox"/> Group Dental				
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) <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____									
Section B ² Coverage Information									
Effective date requested: If your application is approved, your coverage can start on any day of the month after the date of your application. Please choose the date you would like your coverage to start: _____ / _____ (MM/DD/YY). <input type="checkbox"/> Premium Plus Dental (only) <input type="checkbox"/> Standard Package <input type="checkbox"/> Premium Package with SilverSneakers/Fitness Program <input type="checkbox"/> Premium Package without SilverSneakers/Fitness Program <input type="checkbox"/> Premium Plus Package with SilverSneakers/Fitness Program <input type="checkbox"/> Premium Plus Package without SilverSneakers/Fitness Program									

Anthem Blue Cross is the trade name of Blue Cross of California.
Independent licensee of the Blue Cross Association.

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The Blue Cross name and symbol are the registered marks of the Blue Cross Association.

Section C² Billing Information

Frequency (select one)

- Monthly
- Quarterly
- Semi-annually
- Annually

Initial Premium

- Automatic Bank Draft (see below)
- Premium Check Enclosed (make check payable to **Anthem Blue Cross Life and Health Insurance Company**)

Total amount enclosed \$ _____

Account Type

- Business Checking Business Savings
- Personal Checking Personal Savings

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 union account statement as an Electronic Funds Transfer (EFT). Converting your paper check into an electronic payment authorizes us to deduct premiums from your account on a monthly basis unless you have given us prior authorization to the contrary.

HIV TESTING PROHIBITED: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.

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. **Effectus attach a blank, voided check.**

If selecting Automatic Bank Draft: I authorize Anthem Blue Cross Life and Health (Anthem) to initiate premium deductions from the 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 that my financial institution have the right to discontinue the withdrawals at their discretion.

Account holders name (please print)

\$ F F R X Q W K R O G H U I V V L J Q D W X U H L I

X _____

X _____

Section D ² Agreement Signature Required			
Signature of Applicant or Legal Guardian or Power of Attorney			Date
Section E ² Agent Certification			
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 a language the applicant understands, the risk to the applicant of providing inaccurate information. I understand that if I willfully make any false representations, I shall, in addition to any penalties or remedies available under current law, be subject to a civil penalty of up to \$10,000.			
Agent Signature			Date
Agent Name (please print)		Agent Street Address/Suite Number/Personal Mailbox (PMB) Number	
Writing Agent Tax ID Number	City/State/ZIP Code	County	Area Code
Agent Phone Number		Agent Fax Number	Agent Email Address
Payable Agent/Agency Name (if applicable) (please print)		Payable Agent/Agency Tax ID Number (if applicable)	

CA: REQUIREMENT FOR BINDING ARBITRATION

YOU AND ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY AGREE TO SUBMIT TO BINDING ARBITRATION TO SETTLE ALL DISPUTES, INCLUDING, BUT NOT LIMITED TO DISPUTES, RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY, AND/OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. It is understood that any dispute including disputes relating to the delivery of services under the plan/policy and/or any other issues related to the plan/policy, including any dispute as to medical malpractice that is, as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be resolved by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up the right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. YOU, ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY AGREE THAT YOU WILL NOT BRING CLAIMS AGAINST THE OTHER ONLY IN YOUR OR ITS INDIVIDUAL CAPACITY AND NOT AS A PLAINTIFF OR DEFENDANT IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING. THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL AND THE RIGHT TO PARTICIPATE IN A CLASS ACTION FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN AND MEDICAL MALPRACTICE CLAIMS.

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

Hindi

आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें।(TTY/TDD: 711)

Hmong

Koj muaj cai tau txais qhov lus qhia no thiab kev pab hais ua koj hom lus yam tsis xam tus nqi. Hu rau tus nab npawb xov tooj lis Cov Kev Pab Cuam Rau Tswv Cuab nyob rau ntawm koj daim ID txhawm rau thov kev pab. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Khmer

អ្នកមានសិទ្ធិក្នុងការទទួលបានព័ត៌មាននេះ ទិន្នន័យជំនួយជាភាសាអរមរបស់អ្នកដោយឥតគិតថ្លៃ។ សូមហៅទូរស័ព្ទទៅលេខសេវាសមាជិកដែលមានលេខប័ណ្ណ ID របស់អ្នកដើម្បីទទួលបានជំនួយ។ (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ।(TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Thai

ท่านมีสิทธิขอรับบริการสอบถามข้อมูลและความช่วยเหลือในภาษาของท่านฟรี โทรไปที่หมายเลขฝ่ายบริการสมาชิกบนบัตรประจำตัวของท่านเพื่อขอความช่วยเหลือ(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.