

Type of Contract(check one)

Effective 01-01-2010

Anthem Blue Cross and Blue Shield Membership Application

- Employee
Parent Plus (Employee/Child(ren))
Employee/Spouse
Family (Employee/Spouse/Child(ren))

- Benefit Plan (check one)
Blue Access Standard PPO
Blue Access Enhanced PPO
HDHP

- New Enrollment
Change of Status
COBRA
Change of Benefits Plan

Applicant

Social Security Number, Name - Last First Initial, Date of Birth, Sex

Status, Home Address - Street, City, County, State, Zip Code

Group No. 00023062, Date of Employment, Name of Group Murray State University, Hours Worked Per Week

Other Health Coverage Will you or any eligible dependents have other health insurance with another carrier after enrollment in this health plan?

Table with columns: Identification Number, Name of Policy Holder, Insurance Company and Address, Effective Date of Policy, Place of Employment, Type of Coverage

Dependents If you are applying for a Parent/Plus, Employee/Spouse or Family Health Contract, list all dependents below. If additional space is required, attach a list to this form.

Table for dependents with columns: Name of Dependents, Date of Birth, Sex, FT Student Over 19, Relationship to Applicant, Social Security No.

If you are adding or cancelling a dependent from your contract, please check and provide appropriate reason and date below

Reasons for adding/cancelling: Divorced, Deceased, Married, Newborn, Other - Explain - Date

Medicare Information table with columns: Name of Family Member, Medicare Claim Number, Part A Effective Date, Part B Effective Date, Currently Working?, Reason for Medicare Entitlement

Read carefully before signing.

Please review your application for errors or omissions. An eligible claim may not be paid if omissions or errors relating to the claim are found on this application.

I consent, agree and understand for myself and my dependents that the Plan(s) are authorized to furnish to my employer upon such employer's request all pertinent medical records of claims made by providers under my contract.

I acknowledge that I have read the foregoing provisions and I expressly accept such provisions as a condition of coverage. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge...

Business Phone, Home Phone

Applicant Signature, Date