



## Welcome to Anthem Blue Cross and Blue Shield

Please follow the instructions below to complete your Enrollment Application. You must complete and submit a Standardized Health Form if your Group Health Benefit Plan is offered through a small employer group (1-50 lives). Please check with your employer's Benefit Administrator for further information.

### **Box 1: Tell Us About Yourself**

The current Anthem Identification Number should only be completed if you are changing, updating or terminating an existing policy. You will not have an Anthem ID Number if this is a new enrollment.

### **Box 2: New Membership**

This is required information if you are a New Hire, Rehire, New Enrollee, COBRA participant or a Retiree.

### **Box 3: Change to Existing Membership**

This is required information if you are an existing member changing your membership status. New subscribers are not required to complete this information.

### **Box 4: Your Membership Choices**

This information is mandatory for New Enrollment. It is optional for all other changes.

Anthem Consumer-driven Plan Descriptions:

Anthem Lumenos H.S.A. = Lumenos Health Savings Account

Anthem Lumenos H.I.A. = Lumenos Health Incentive Account

Anthem Lumenos H.I.A. Plus = Lumenos Health Incentive Account Plus

Anthem Lumenos H.R.A. = Lumenos Health Reimbursement Account

### **Box 5: Employer Information**

The Company Name, Firm Division Number and Health Benefit Plan Number are mandatory when completing this application. The Date of Hire/Rehire is mandatory for New Members Only.

### **Box 6: Election Not To Enroll**

Complete this box only if you are waiving coverage.

### **Box 7: List Members to Be Added/Cancelled**

This is required information for New Members, Dependent Removal/Additions, Primary Care Physician (PCP) Changes, Date of Birth Changes/Updates and Dependent Name Changes. It is not required for Address Changes or Terminating the Entire Policy.

### **Box 8: Prior Coverage Information**

This information is required when enrolling as a new member or when a member is added to your existing policy. Your application will be returned if this information is not completed.

### **Box 9: Medicare Information**

This information is required for any member on this policy who is over 65 years of age or eligible for Medicare.

Note: Each year, Anthem Blue Cross and Blue Shield saves millions of dollars for our members and groups through Coordination of Benefits. Other Insurance and/or Medicare information helps to ensure that you receive all the benefits to which you are entitled. By dividing health care expenses appropriately between your plans, we can better control health care costs.

### **Box 10: Employee Signature**

Employee must sign the application for it to be valid. If you are a Benefit Administrator terminating a Subscriber please sign your name in the space provided.

**Completed applications may be returned to Anthem Blue Cross and Blue Shield by one of two methods:**

Mail: Anthem Blue Cross and Blue Shield, 3000 Goffs Falls Road, Manchester, NH 03111-0001

Fax: (603) 665-5420