



Section 1: Personal information. Fields include: Last name (print), First name (print), M.I., Sex (Male/Female), Marital status (Single/Married/Divorced), Mailing address, City, State, ZIP code (5+4), Phone no., Employer, Hire date/date rehired, Employee no., Email address.

Section 2: Plan options (indicate with a check mark). Fields include: Type of coverage (New Enrollment, Open Enrollment, Plan change), Medical plan (Active PPO, Bronze PPO, Blue Card PPO). Includes a red note: Backup documents (copies) are required for all dependents you enroll (marriage certificate, birth certificate with parent's full names).

Section 3: Employee and family information. Table with columns: Sex, Last Name, First Name, MI, Birthdate (MM/DD/YY), Social Security no. (required), Age, Dependent to be added or removed. Rows for Self, Spouse, and up to 7 Children.

Section 4: Medicare. Fields include: Are you retired? (No/Yes), Medicare for you (Part A/Part B), Do you or your dependents have Medicare? (No/Yes), Name(s) of Medicare dependent(s), HIB #, Entitlement reason (Over 65/Disabled/ESRD), Effective date of Medicare.

Sections 5-8: Please read carefully. 5. Non-participating provider. 6. HIV testing prohibited. 7. Effective date. 8. Arbitration agreement. Includes a highlighted warning: 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...

Section 9: Signature of understanding. I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements. Employee signature: X. Date (MM/DD/YY).