

Enrolling is Simple. Just Follow These 3 Easy Steps...

Step 1

COMPLETE THE APPLICATION IN BLUE OR BLACK INK. Be sure you follow the instructions on the application carefully. We have tried to make the instructions easy to follow. If you have any questions, or you are not sure how to answer a question, simply contact our health insurance department at: (818) 987-5000 Fax: (818) 776-9865

Step 2

SELECT THE TYPE OF BILLING YOU WANT – monthly (by checking account deduction or paper bill).

Step 3

SEND THE COMPLETED APPLICATION TO:

Oleg Skurskiy
18375 Ventura Blvd. # 226
Tarzana, CA 91356

We will be in contact with you upon receipt of your completed application. We will also keep you advised of the underwriting status.

If you have questions please contact our office at: (818) 987-5000

Thank you for choosing...



Select Billing Type Monthly Paper Billing Quarterly Paper Billing Monthly Electronic Funds Transfer (EFT)

Please choose the draft date on which you would like your premium debited from your account and complete the Monthly Bank Authorization below:

 1st 8th 15th 22nd of the month

Monthly Bank Draft Authorization

INSTRUCTIONS:

1. Complete this section.
2. Attach a blank check marked "VOID" to this form (Deposit slips or temporary checks are not acceptable).
3. Submit a check for one-month's premium made out to Anthem Blue Cross and Blue Shield. If the account listed below is a joint account, both account holders' signatures are required.

All funds are drawn on the first of each month. Premiums may be prorated in order to adjust the initial paid-to-date or in the event of membership changes.

OPTIONAL MONTHLY BANK DRAFT AUTHORIZATION. As a convenience to me, I request and authorize YOU to pay and charge to my account checks drawn on that account by and payable to the order of ANTHEM Life & Health Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize Anthem Life & Health Insurance Company to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Life & Health Insurance Company premium. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even through such dishonor results in forfeiture of insurance.

NOTE TO APPLICANT: Should your withdrawal not be honored by your bank, you will automatically be removed from monthly checking account deduction and be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction option.

You will incur a service charge for any withdrawal not honored. Anthem must be notified of any changes to your bank account.

Applicant's Name

Applicant's Social Security No.

Name on Checking Account (If different from above)

Checking Account No.

Name of Bank

Routing No.

X
Authorized Signature (As it appears in the financial institution's records)

Date

Initial Premium Payment by Electronic Check

Select one: 1 month 3 months

Check No. Initial Premium Amount Electronic Check
\$

Bank/Credit Union Routing No.

Checking Account No. (as it appears on your check)

Name on Account

Initial Premium Payment by Credit Card*New members only. Not available to make a coverage change.*

Select one: <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 3 months	Initial Premium Amount Credit Card: \$	Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Credit Card No.		Expiration Date
Cardholder's Name		Cardholder's ZIP Code
Authorized Signature <i>(as it appears on the credit card)</i> X		Today's Date