Employee Health Enrollment Application





Please PRINT in ink and return to your employer.

Use extra sheets of paper if necessary.

00891VAMEN Rev. 8/10

The Primary Care Physician (PCP) listings of Anthem and its affiliated HMO, HealthKeepers, Inc.	
can be obtained through anthem.com or by calling 800-421-1880.	

Effective date (MMDDYYYY)

EMPLOYER/GROUP USE ONLY			
Group name			
Group number	Date of hire (MMDDYYYY)	Number of work hours per week	Eligibility date of coverage

1. SELECT ONE PLAN							
Anthem Blue Cross and Blue Shield pl	ans:	🗆 HealthKeepers, Inc.	plans:				
	PPO High Deductible PPO High Deductible	☐ Plan 8 – HMO H ☐ Plan 9 – HMO ☐ Plan 10 – HMO ☐ Plan 11 – HMO	ligh Deductible				
2. REASON FOR APPLICATION (Check a	s many as apply and put the date o	on the space provided)					
\Box Initial enrollment	🗆 Annual open enrollment	COBRA/Qualifying e	event	COBRA/Ev	ent date (M	IMDDYYYY)	
\Box Loss of other coverage (date ended)	\Box Marriage (date of marriage)	🗆 Birth of child (date	of birth)	Add deper	ndent*		
*If adding a dependent due to adoption		hild support order, legal app	ointment (such a	s guardianship)), legal docı	umentation	1
must be attached to the enrollment a 3. TYPE OF COVERAGE							
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5. FAMILY INFORMATION (If electing Employee Only coverage, with no dependents, please go to Section 6) *If applying for coverage that requires a Primary Care Physician (PCP), list the PCP name and PCP ID number. Each family member may select a different PCP.

List all family members applying for coverage. List additiona relationship between you and each dependent and provide t adding a newborn for which their social security number is n Anthem when it is obtained.	he social sec	urity n	umber and	date of b	irth fo	or eacl	n cove	ered dep	bende	nt. In	the e	vent	of	
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