Preferred Blue/Indemnity
Member Enrollment/Member Change Form

I do not wish to enroll in a plan. Please check one:
☐ I have other coverage. Employer offering coverage ____________________________ Insurance Co ____________________________
☐ I do not have any other coverage. I understand that the opportunity to enroll at any future date will be subject to any group requirements, Anthem policies and NH RSA 420-G:8.

Signature ____________________________ Date __________/______/______

In New Hampshire, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc., an independent licensee of the Blue Cross and Blue Shield Association.® Registered marks of the Blue Cross and Blue Shield Association.

Employee Signature ____________________________ Date __________/______/______
Welcome to Anthem Blue Cross and Blue Shield

Please follow the instructions below to complete your Enrollment Application. You must also 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
This is required information. 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 or COBRA participant.

Box 3: Change Membership
This is required information if you are an existing member changing your membership. 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.

Box 5: Where You Work
The Company Name, the Firm Division Number and the Health Benefit Plan Number are mandatory when completing this application. The Date of Hire/Rehire is mandatory for New Members only.

Box 6: List Members To Be Added/Cancelled
This is required information for New Members, Dependent Removals/Additions, Date of Birth Changes/Updates, and Dependent Name Changes. It is not required for: Address Changes or Terminating the Entire Policy.

Note: The Domestic Partner rider may be available to be purchased by your group, for some products, if certain criteria have been met. Please check with your Benefit Administrator to find out if your group offers this benefit and if domestic partner coverage is available for the product you have indicated, and to complete the required affidavit.

Box 7 and 8: Tell Us About Your Other Insurance and Other Information
This information is required when enrolling as a new member or when a member is added to your existing policy. Some products may not be available if you have other insurance. Check with your Benefit Administrator. Your application will be returned, if this information is not completed.

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

Box 10: Election Not To Enroll
Complete this box only if you are waiving coverage.

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