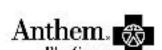
Kevin

Jackson



ACN: I51390851992018

California Individual Enrollment Application

IMPORTANT: If you are a new applicant, a separate premium payment is required to be submitted with each application. If you are a current Individual policyholder with Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company, premium payment is required before the requested effective date. Please complete the Payment Method for Individual Applications Form and send it with your completed enrollment application. If premium is not provided as described above we will not process your application. If you have any questions while completing this application, please contact your insurance agent/broker directly. If you have not worked with an insurance agent/broker, please call 1 (877) 212-1796. If you have questions about a previously submitted application, please call 1 (855) 383-7247.

Please complete in blue or black ink only.

Section A - Coverage Information

Application	on Type (select o	ne):	
New Co	overage	☐ Change policy coverage	☐ Add dependent(s) to current coverage
		Policy No	Policy No
Open Enr	ollment		
Effective (Effective (premium i your Effec	Date for the Initial (Date for the initial (s between the 1st tive Date will be th	Open Enrollment is January 1, 2014. For Open Enrollment period is the first day of and 15th of the month. If receipt of app	rage, or members can change plans. The earliest or applications received after December 15, 2013, the of the following month if receipt of application and lication and premium is after the 15th of the month, one additional month (example: application with
reference qualifying	d above, the app	licant may still enroll if he she has a eceived by Anthem Blue Cross/Anth	riod. Outside the Open Enrollment period qualifying event as defined below. Notice of a em Blue Cross Life and Health Insurance Company
Qualifyin	g Events		
Please ch	eck the qualifyin	g event:	
		f Minimum Essential Coverage for any failure to pay premium;	reason other than fraud, intentional misrepresentation
×	Loss of Minimum	Essential Coverage due to dissolution	of marriage;
	Marriage;		
Г	Adoption or place	ment for adoption or appointment of gu	ardianship;
	Birth.		
Please pr	ovide the date of	the qualifying event: 01,01,2014	
If you are	applying due to a	qualifying event and your application is	approved, your effective date is as follows:
		adoption or placement for adoption or a option, or placement for adoption or app	appointment of guardianship, coverage is effective on pointment of guardianship; or
		ige, or loss of Minimum Essential Cove eipt of your application,	rage, coverage is effective on the first day of the

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Page 1 of 13