

Please return this form to the following address:

Anthem Blue Cross P.O. Box 9041 Oxnard, CA 93031-9041

LETTER SENT

 \square Y \square N

☐ Accept

☐ Decline

DATE

Or send fax to: (805) 713-8829

_				Or sena ta	IX to: (805) / 13-8829
\square One applicant per form					
☐ Applicant must be 64 years, 9 months old or younger	•				
PLEASE PRINT					
NAME OF APPLICANT		DATE	OF BIRTH	SOCIAL SECU	IRITY NO
TWANE OF THE EIGHT	□ r		OI DIKITI	1 1	
ADDRESS	CITY			STATE	ZIP CODE
ADDILESS	CITT			JIAIL	ZII CODE
PHONE NO.	HEIGHT	HT WI			SMOKER
This This	TIEIGITI		WEIGHT		☐ Yes ☐ No
AOF.					1 163 1 110
¹ 500.					
DIAGNOSIS Otalian Control Con					
ate.					
CURRENT TREATMENT					
100 kg.					
PENDING TREATMENT					
h _{o,}	3				
CURRENT MEDICATION(S) BEING TAKEN	S _{IK}				
	C811				
	74 _{0.3}				
	70.5-				
	· 7,5				
	~~ /				
	my.	,			
	~	(e)/s.			
		Orn	n		
			TOKO.		
			.s. ^{CO}		
			76,		
CURRENT TREATMENT PENDING TREATMENT CURRENT MEDICATION(S) BEING TAKEN CURRENT MEDICATION (S) BEING TAKEN CURRENT MEDICA					
				mr.	
				Matic	
I understand that due to my medical history listed above	e, I am not eligible for	Anthem	Blue Cross' I	ndiviðaal PP	O or HMO plans.
Discourse Laborator District Management Community					
Please send the Major Risk Medical Insurance Program le	etter and application t	o the ab	ove address.		
APPLICANT'S SIGNATURE		DATE			
X					
AGENT'S NAME (please print)		AGENT'S I.D. NO.			
AGENT'S PHONE NO.		AGEN	IT'S FAX NO.		
		'			
FO	R HOME OFFICE USE (ONLY			

 $An them \ Blue \ Cross \ is \ the \ trade \ name \ of \ Blue \ Cross \ of \ California. \ Independent \ Licensee \ of \ the \ Blue \ Cross \ Association.$

UNDERWRITER REVIEWED BY:

^{*} ANTHEM is a registered trademark. * The Blue Cross name and symbol are registered marks of the Blue Cross Association.