



An Anthem Company



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THIS SECTION MUST BE COMPLETED

Subscriber Member Number

Grid of 12 boxes for Subscriber Member Number

Health Group Number

Grid of 12 boxes for Health Group Number

Dental/Vision Group Number

Grid of 12 boxes for Dental/Vision Group Number

Overage Dependent Enrollment Request

Check coverage that applies: Health Dental Vision

Subscriber Name (First, Middle Initial, Last)

Grid of boxes for Subscriber Name

Home Address (Street)

Grid of boxes for Home Address

City

Grid of boxes for City

State

Grid of boxes for State

Zip

Grid of boxes for Zip

OVERAGE DEPENDENT INFORMATION FOR ENROLLMENT OR CONTINUATION OF COVERAGE

(A) FINANCIAL DEPENDENCY	(B) STUDENT VERIFICATION – INSTITUTION'S NAME	DEPENDENT NAME (First, Middle Initial, Last)	BIRTHDATE (MM/DD/YYYY)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

REQUIRED INFORMATION (Inaccurate, incomplete or missing information will be returned causing a delay in the enrollment or continuation of coverage process.)

FINANCIAL DEPENDENCY: Enclose proof of financial dependency.

STUDENT VERIFICATION: Enclose the school/class schedule and proof of registration or proof of tuition payment.

For new coverage: submit with your application. **For continuation of existing coverage** submit to Anthem Blue Cross and Blue Shield or HMO Colorado / HMO Nevada, Membership Eligibility, 700 Broadway, Denver CO 80273 - Fax (303) 831-2399

OVERAGE DEPENDENT AFFIDAVIT

I, the undersigned, verify and attest to the fact that my child(ren) is/are unmarried and financially dependent on me and is/are therefore eligible for coverage under this policy. I understand:

- I am responsible for notifying Anthem Blue Cross and Blue Shield or HMO Colorado / HMO Nevada within 31 days of any change in dependent(s) status.
- Overage dependent(s) eligibility must be renewed each year until the maximum age limit has been reached, as specified by the Certificate of coverage.
- That coverage is dictated by the actual situation at the time services are rendered and if my child(ren) is/are not qualified as a "dependent" at the time services are provided, the charges for those services are not reimbursable and may become my sole responsibility.

SUBSCRIBER SIGNATURE

DATE

COLORADO AND NEVADA

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.