

Anthem Dental Blue Application Instructions - Indiana

Download / Print the application form, then complete it by hand.

Follow these steps in completing the application form:

1. Use a dark ink pen. Do not use pencil. Do not type on the application form. If you make an error in completing the application, cross out the incorrect information and write your initials and date next to the correct information. Do not use correction fluid.
2. **Section A (Applicant Information)** – Provide all requested information about yourself, including your e-mail address, which will not be shared outside of Anthem and MedPlan Access.
3. **Section B (Dental Coverage Information)** – To secure an effective date, you need to submit your application at least a few days prior to that effective date. If you're already an Anthem member, your dental billing cycle will match your medical billing cycle.
4. **Section C (Spouse/Domestic Partner & Child Dependents to be Covered Information)** – Provide pertinent information about the family members to be insured.
5. **Section D (Dental Coverage Selection)** – Indicate which of the three Dental Blue plan you're choosing. Also indicate whether you intend to insure family members.
6. **Section E (Billing Information)** – Indicate how you want to be billed – Billing Frequency and Method of Payment. If you choose "Automatic Bank Draft," you'll need to submit a voided check from the bank account to be used.

An initial payment is not required. Anthem will bill you after they agree to insure you. However, if you wish to submit an initial payment, you can do it by bank draft, check (payable to Anthem Blue Cross and Blue Shield) or credit card.

7. **Section F (Terms and Conditions)** – The applicant and spouse/domestic partner (if spouse/domestic partner is to be insured) must provide a signature/date where indicated.

Monthly Premium for Anthem Indiana Dental Blue Plan Options			
	Basic 100	Essential 100	Essential 200
per Adult age 19 - 65:	\$17.00	\$20.00	\$28.50
per Child age 0 - 18:	\$12.00	\$14.00	\$20.00

You can fax the completed application to us at (765) 464-3301, or you can email it to joer@medplanaccess.com, or you can postal mail it to:

MedPlan Access
P.O. Box 2220
West Lafayette IN 47906

We will be pleased to review the plan and application with you. Just call.

Approval of coverage may take a few days following application submission to Anthem Blue Cross and Blue Shield.

Joe Risse
MedPlan Access
1-877-MedPlan (1-877-633-7526)

Proceed to Application



Section F – Terms and Conditions

Please read this section carefully before signing the application.

1. I understand that sending my initial premium with this application, and the receipt of my payment by Anthem, does not mean that coverage has been approved. I understand that if my application is denied, my bank account or credit card will not be charged.
2. I may not assign any payment under my Anthem program.
3. I am applying for the coverage selected on this application.
4. I understand that, to the extent permitted by law, Anthem reserves the right to accept or decline this application, and that no right whatsoever is created by this application.
5. **If I purchase dental coverage for the Dental Blue® Essential, I understand that I will have a twelve month waiting period for coverage of Major Restorative Services. (For a description of Preventive, Diagnostic and Major Restorative services please refer to your contract.)**
6. I am responsible to timely notify Anthem of any change that would make me or any dependent ineligible for coverage.
7. I understand Anthem may convert my payment by check to an electronic Automated Clearinghouse (ACH) debit transaction and that my original check will be destroyed. The debit transaction will appear on my bank statement although my check will not be presented to my financial institution or returned to me. This ACH debit transaction will not enroll me in any Anthem automatic debit process and will only occur each time I send a check to Anthem. Any resubmissions due to insufficient funds may also occur electronically. I understand that all checking transactions will remain secure, and my payment by check constitutes acceptance of these terms.
8. By signing this application, I agree and consent to the recording and/or monitoring of any telephone conversation between Anthem and myself.
9. I understand that my domestic partner, if applicable, is only eligible for coverage if: he or she has been my sole domestic partner for 12 months or more; he or she is mentally competent; he or she is not related to me in any way (including by blood or adoption) that would prohibit us from being married under state law; he or she is not married to or separated from anyone else; and he or she is financially interdependent with me.
10. **I understand I am applying for individual dental coverage which is not part of any employer-sponsored plan. I certify that neither I nor any dependent is receiving any form of reimbursement or compensation for this coverage from any employer. I understand that I am responsible for 100% of the premium payment and I am also responsible to ensure that premiums are paid.**
11. I acknowledge that I have read the Terms, Conditions, and Authorizations, and I accept such provisions as a condition of coverage. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and belief, and I understand they are being relied on by Anthem in accepting this application. Any material misrepresentation or significant omission found in this application may result in denial of benefits or rescission or cancellation of my coverage(s).

I give this authorization for and on behalf of any eligible dependents and myself if covered by Anthem. I am acting as their agent and representative.

Signature of Applicant <i>(if age 18 or older or Custodial Parent's or Guardian's signature if applicant is under age 18)</i>		Date
X		
Signature of Spouse or Domestic Partner <i>(if to be covered)</i>		Date
X		
Section G – Agent Certification		
Agent Signature		Date
X		
Agent Name (please print)		Agent Email Address
Joe Risse / MedPlan Access		joer@medplanaccess.com
Agent No.	Agent Phone No.	Agent Fax No.
700723	877-633-7526	765-464-3301



Dental benefits underwritten by Anthem Blue Cross and Blue Shield.
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