



EXCEPTIONS TO STANDARD ENROLLMENT
TO ENSURE PROCESSING OF THIS IMPORTANT INFORMATION, PLEASE RETURN
WITH YOUR COMPLETE SOCIAL SECURITY OR IDENTIFICATION NUMBER.

Name of Applicant:	Identification No.:	Date
	- -	3/11/09

The applicant must complete the appropriate section below that applies to their enrollment. This form must be submitted with the Individual Enrollment Application and other required documents when applicable.

PART A: INDIVIDUAL ENROLLMENT APPLICATION OVER 30 DAYS OLD

Purpose: To certify that the health status as submitted on the application has not changed since submission.

I, _____ certify that the submitted health status of myself and all listed dependents remains the same as shown on my application dated: ___/___/___

SUBSCRIBER'S SIGNATURE (Required) X	DATE	DEPENDENT'S SIGNATURE (Required) X	DATE
SPOUSE'S SIGNATURE (Required) X	DATE	DEPENDENT'S SIGNATURE (Required) X	DATE

Requested effective dates are not available for HMOs. This date must be after the above signature date, but not greater than 75 days from the signature on this Exceptions Form. If you do not request an effective date or if you have applied for an HMO, and your application is approved, Anthem Blue Cross and Blue Shield will assign an effective date of the 1st or 15th of the month following approval of your application.

If Anthem Blue Cross and Blue Shield approves my application, please assign an effective date of 1st 15th of _____.

Please include the date of the last menstrual period for each female applicant listed on the Application

NAME X	DATE of LMP	NAME X	DATE of LMP
NAME X	DATE of LMP	NAME X	DATE of LMP

PART B – Legal and Financial Responsibility (if not the natural or adoptive parent)

I, _____, accept full legal and financial responsibility for the Individual enrollment information disclosed on this application for _____

Name of Applicant

If you are the legal guardian, please attach a copy of the court-appointed guardianship papers.

SIGNATURE X	DATE (Required)
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PART C – Statement of Accountability

To be used when the Applicant cannot complete the application because of one of the following circumstances:

I, _____, personally read and completed the Individual Enrollment Application for _____, dated _____.

because:

Does not read English Does not speak English Does not write English

Other (explain) _____.

I also translated the contents of this form and to the best of my knowledge obtained and listed all the requested personal and medical history disclosed by _____.

SIGNATURE X	DATE (Required)
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IMPORTANT: THE VALIDITY OF THIS INFORMATION IS SUBJECT TO THE SAME CONDITIONS OF APPLICATION AS THOSE SIGNED ON ___/___/___ AND WILL BECOME PART OF THE AGREEMENT BETWEEN ANTEM BLUE CROSS AND BLUE SHIELD AND THE ABOVE LISTED MEMBER(S).

THIS ADDENDUM TO YOUR ORIGINAL APPLICATION IS ON FILE WITH ANTHEM BLUE CROSS AND BLUE SHIELD.