

Group Size:

2-14 small business 15-50 community 51-99 mid-size Acct. Code: _____ Group Number(s): _____

Is your group also enrolled in Anthem HealthKeepers?

Group Number(s): _____

Yes No If yes, Anthem HealthKeepers Group Number(s): _____

Group Number(s): _____

Company Name ("the Applicant"):

Year Operational:

Street Address:

City: _____ Zip: _____ City/County: _____

Billing Address: (if different from above)

City: _____ Zip: _____

Group Administrator: _____ Title: _____ Phone Number: ()

E-mail Address: _____ Fax Number: ()

Company Executive: _____ Title: _____

A. BENEFIT SELECTION

Effective Date:

Health Benefits: _____ **Dental Benefits:** _____
Month Day Year Month Day Year

Indicate how often you would like to be billed: once every 1 month 2 months 3 months 6 months 12 months

Health Benefits Available for Groups with 2-99 Enrolled Employees:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> KeyCare 10 Plus | <input type="checkbox"/> KeyCare 15 Plus | <input type="checkbox"/> KeyCare 20 Plus | <input type="checkbox"/> Cost Awareness (15+) |
| <input type="checkbox"/> KeyCare 10 | <input type="checkbox"/> KeyCare 15 | <input type="checkbox"/> KeyCare 20 | <input type="checkbox"/> Anthem Limited 30/30 |
| <input type="checkbox"/> KeyCare 25 | <input type="checkbox"/> KeyCare 30 | <input type="checkbox"/> KeyCare 30/2000 | |
| <input type="checkbox"/> 20% <input type="checkbox"/> 30% | <input type="checkbox"/> 20% <input type="checkbox"/> 30% | <input type="checkbox"/> 20% <input type="checkbox"/> 30% | |
| <input type="checkbox"/> KeyCare 200 | <input type="checkbox"/> KeyCare 500 | <input type="checkbox"/> KeyCare 1000 | |
| <input type="checkbox"/> KeyCare 2000 | <input type="checkbox"/> 20% <input type="checkbox"/> 30% | <input type="checkbox"/> 20% <input type="checkbox"/> 30% | |
| <input type="checkbox"/> 20% <input type="checkbox"/> 30% | | | |

Lumenos Plans

Plan Year Administration (available only on Lumenos plans)

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Lumenos HRA | <input type="checkbox"/> 1500/80%/500 | <input type="checkbox"/> 3000/100%/1000 | <input type="checkbox"/> 1500/80%/750 (51-99 only) | HRA Balance Transfer?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 1500/100%/500 | <input type="checkbox"/> 5000/100%/1000 | <input type="checkbox"/> 1500/100%/750 (51-99 only) | <input type="checkbox"/> 3000/100%/1500 (51-99 only) | |
| <input type="checkbox"/> Lumenos HSA** | <input type="checkbox"/> 1500/80% | <input type="checkbox"/> 3000/100% | <input type="checkbox"/> 500/80% | |
| <input type="checkbox"/> 1500/100% | <input type="checkbox"/> 5000/100% | <input type="checkbox"/> 500/70% | <input type="checkbox"/> 1000/80% | <input type="checkbox"/> 1000/70% |

Do you want Anthem to facilitate opening a Health Savings Account with Mellon? Yes No

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> BlueCare 20 | <input type="checkbox"/> BlueCare 100 (51-99 only) | <input type="checkbox"/> BlueCare 1000 | <input type="checkbox"/> Essential Benefit Plan (2-50)* |
| <input type="checkbox"/> BlueCare 25 | <input type="checkbox"/> BlueCare 200 | <input type="checkbox"/> BlueCare 2000 | <input type="checkbox"/> without Dental |
| <input type="checkbox"/> BlueCare 30 | <input type="checkbox"/> BlueCare 500 | <input type="checkbox"/> BlueCare 30/2000 | <input type="checkbox"/> Standard Benefit Plan (2-50)* |
| | | | <input type="checkbox"/> without Dental |

*not available for pairing with any other Anthem health plan

**requires completion of HSA Companion Document for groups 51-99

RX (indicate corresponding health benefit selected under each Rx plan - the Rx plans listed are not available to Anthem Limited 30/30, Lumenos HSA, HRA, HIA or Essential and Standard plans)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$5/\$10/\$25* | <input type="checkbox"/> \$10/\$20/\$35 or 20% | <input type="checkbox"/> \$10/\$30/\$50 or 20% | <input type="checkbox"/> \$10/\$30/\$50 or 20% w/ \$150 Ded |
|---|--|--|---|

**NOTE: Only available under KeyCare 10 in the 2-50 market and KeyCare 10 Plus, KeyCare 15 Plus, KeyCare 10, KeyCare 15, KeyCare 200, KeyCare 500, KeyCare 1000, BlueCare 15, BlueCare 100, BlueCare 200, BlueCare 500 and BlueCare 1000 in the 51-99 market.*

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. An independent licensee of the Blue Cross and Blue Shield Association. ®Registered marks Blue Cross and Blue Shield Association.

Options/Riders:

- Contraceptive Rider* Preventive Care at 100%** Anthem Basic EAP (15-99 Only) Morbid Obesity
- Dependent Maternity Well Baby at 100%** Anthem Enhanced EAP 4 6 HSA account fees paid by group (51-99 Only)
- \$0 inpatient copayment (available on KeyCare 10, KeyCare 10 Plus and KeyCare 15 Plus in 51-99 market only)
- Specialist = PCP copayment (available on KeyCare 10 Plus and KeyCare 15 Plus in 51-99 market only)
- Other (specify) _____
- Value Added Association Name*** _____

*not available to Lumenos plans

**not available to Anthem Limited 30/30 or Lumenos plans

***not available to Anthem Limited 30/30

- Blue View Vision Riders:** Whole Group Voluntary (15+ only)
- BVV130 BVV130 /\$15 BVV130 /\$25
- 12/12 12/24 12/12 12/24 12/12 12/24
- Other (specify) _____

Anthem Dental Benefits:⁶

(Dental benefits may be purchased without health benefits by groups with 6 or more enrolled employees.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Dental PPO Plan I
<input type="checkbox"/> 100/80
<input type="checkbox"/> 100/50 (f/k/a Plan 50) | <input type="checkbox"/> Dental PPO Plan II¹
<input type="checkbox"/> 100/80/50
<input type="checkbox"/> 100/90/50
<input type="checkbox"/> 100/90/60
<input type="checkbox"/> 100/100/60 | <input type="checkbox"/> Dental PPO Plan III²
<input type="checkbox"/> 100/80/50
<input type="checkbox"/> 100/90/50
<input type="checkbox"/> 100/90/60
<input type="checkbox"/> 100/100/60 |
| <input type="checkbox"/> Dental PPO Plan II Modified¹
<input type="checkbox"/> 100/80/50 | <input type="checkbox"/> Dental PPO Plan III Modified²
<input type="checkbox"/> 100/80/50/50 | |
| <input type="checkbox"/> Dental PPO Plan II Modified w/ Waiting Period
<input type="checkbox"/> 100/80/50 (\$25 Ded In-Network/\$50 Ded Out-Network)
<input type="checkbox"/> 80/80/50 (\$25 Ded In-Network/\$50 Ded Out-Network) | | |
| <input type="checkbox"/> Dental Indemnity Plan I
<input type="checkbox"/> 100/80
<input type="checkbox"/> 100/50 (f/k/a Plan 50) | <input type="checkbox"/> Dental Indemnity Plan II¹
<input type="checkbox"/> 100/80/50
<input type="checkbox"/> 100/90/50
<input type="checkbox"/> 100/90/60
<input type="checkbox"/> 100/100/60 | <input type="checkbox"/> Dental Indemnity Plan III²
<input type="checkbox"/> 100/80/50
<input type="checkbox"/> 100/90/50
<input type="checkbox"/> 100/90/60
<input type="checkbox"/> 100/100/60 |
| <input type="checkbox"/> Dental Indemnity Plan II Modified¹
<input type="checkbox"/> 100/80/50 | <input type="checkbox"/> Dental Indemnity Plan III Modified²
<input type="checkbox"/> 100/80/50/50 | |
| <input type="checkbox"/> Dental National Access Plan I
<input type="checkbox"/> 100/80
<input type="checkbox"/> 100/50 (f/k/a Plan 50) | <input type="checkbox"/> Dental National Access Plan II¹
<input type="checkbox"/> 100/80/50
<input type="checkbox"/> 100/90/50
<input type="checkbox"/> 100/90/60
<input type="checkbox"/> 100/100/60 | <input type="checkbox"/> Dental National Access Plan III²
<input type="checkbox"/> 100/80/50
<input type="checkbox"/> 100/90/50
<input type="checkbox"/> 100/90/60
<input type="checkbox"/> 100/100/60 |

Deductible³ 0 25 50

Ortho Lifetime Max⁴ Standard = \$1000 "Plus" = \$1500

Anthem Dental – Voluntary⁵ 1 1/80 2 2/80 Dual Option 1 Dual Option 2

Anthem Dental – Small Group Voluntary⁷

Dental Rating Region: Central Western Northern Eastern

Notes:

¹ This alternative is only available to groups enrolling 6 or more employees, 100/80/50 plan has a \$1250 calendar year max.

² This alternative is only available to groups enrolling 21 or more employees, 100/80/50/50 plan has a \$1500 calendar year max.

³ \$50 deductibles only for PPO 100/50, Indemnity 100/50, Local Access Options 100/50 and groups with less than 15 employees enrolling.

⁴ Ortho Lifetime Max of \$1500 is only available to groups enrolling 51 or more employees with ortho benefits.

⁵ Requires at least 50 eligible employees and at least 30% participation.

⁶ Dual Option dental available to groups enrolling 26 or more employees.

⁷ Anthem Dental – Small Group Voluntary has a fixed \$50 In-Network/\$100 Out-Network Deductible.

B. COVERAGE HISTORY

1. Name of present carrier: _____
2. Was your group enrolled with Anthem Blue Cross and Blue Shield within the past 12 months? No Yes
If yes, give group number and cancellation date. _____
3. Are your employees covered by Workers' Compensation? No Yes
If yes, give name of insurer. _____

C. GROUP INFORMATION

1. Type of Organization: Proprietorship Partnership Corporation Other _____
2. SIC Code: _____ (if known, otherwise check the appropriate box below and briefly describe the nature of your business)
 Agriculture, Forestry, Fishing Finance Public Administration Retail Trade
 Construction Mining Transportation, Communications, Services
 Education Manufacturing Electric, Gas or Sanitation Service Wholesale Trade
Nature of your business: _____
3. Will this policy cover any subsidiaries or affiliated companies? No Yes *
If yes, list the name of the subsidiary/affiliate and explain the relationship between the parent company and the subsidiary/affiliate including the name of each owner and percent owned. _____

Is this group a branch, subsidiary, or affiliate of another company? No Yes *
If yes, explain. _____

* Note: If yes to either of the above questions, permission to reconfigure group coverage by deleting or combining with the other branches, subsidiaries, affiliates, or parent company at a later date must be obtained from Anthem Blue Cross and Blue Shield.

4. Is Ceridian the COBRA administrator*? No Yes
*Note: Anthem does not provide COBRA administration for groups.
If yes and group size is 15-99, is the premium disbursed to Anthem or to the group? Anthem Group

D. ELIGIBILITY INFORMATION

1. Do any employees work out of state? No Yes If yes, give number of employees working out of state: _____
2. What is the percentage of premium your company contributes toward coverage (must be at least 50% of employee premium)?
Employee Coverage _____% Dependent Coverage _____%
3. What is the waiting period that new employees must serve before becoming eligible to enroll into the group health care plan?
 Date of hire 1st of month following ___ month(s) of continuous employment
 1st of month following date of hire Odd effective date after ___ month(s) of continuous employment

E. ENROLLMENT INFORMATION

1. Please attach an Employee Application for each eligible employee applying for coverage and indicate the number of applications attached: _____ ("Eligible Employee" is defined below)
2. Please attach a copy of your company's most recent Virginia Employment Commission's "Employer's Quarterly Tax Report" (VEC-FC-20 and 21) with the following information noted on the copy. If a VEC form is not filed, contact your Anthem sales representative for alternate documents.
 - Write the number of hours normally worked each week beside each employee's name.
 - List any new employees not printed on the VEC with hours worked.
 - List any other enrolling employee who does not appear on the VEC with hours worked and an explanation as to why he/she does not appear on the VEC.
- For each employee on the VEC form not applying for coverage, write one of the following codes to indicate why he/she is not applying for coverage:
 - **"T": Terminated**
 - **"P": Not Eligible because they work less than the required number of hours per week**
 - **"N": Not Eligible because they are enrolled in Medicare, CHAMPUS/TRICARE, FEP, or COBRA; they have coverage through a spouse's group program; they are enrolled in an Anthem Personal Health Care plan; or they have not met the employer waiting period**
 - **"E": Eligible, but chooses to waive coverage because they have coverage through an individual program; or they are waiting for another reason not noted above.**

F. ELIGIBILITY DEFINITIONS

Eligible Employee:

- An active employee* of the Applicant who works at least 25 hours per week as of the effective date (20 hours per week for Anthem Limited 30/30) and who works 50 weeks or more per year. Employment must be verifiable from state or federal wage or tax reports.
- An employee, as defined above, who enters into employment* after the policy effective date and who completes the group imposed waiting period for eligibility and applies for coverage within 31 days.
- Any other class of persons represented by the Applicant, provided that written approval of their eligibility is obtained from Anthem Blue Cross and Blue Shield; or
- Employees eligible for continuous coverage under State or Federal laws, e.g. COBRA.

- To become an eligible employee, a director or officer of a corporate Applicant must meet the same requirements as other employees of the Applicant.
- Independent contractors (those whose wages are reported on IRS form 1099) are considered to be self-employed and are not eligible for group coverage.

Eligible Dependent:

- Employee's lawful spouse, or unmarried child who is under the age limit of the group's plan. Child includes a stepchild or other child for whom the employee has legal guardianship or court ordered custody, provided that the child receives more than one-half of his or her support from the employee.
- Dependents eligible for continuous coverage under State or Federal laws, e.g. COBRA.

A partner, proprietor or owner is an eligible employee if he/she actively works for the Applicant a minimum of 25 hours per week

***Note:** (20 hours per week for Anthem Limited 30/30), 50 weeks per year for pay or profit, verifiable from wage or tax reports.

G. CERTIFICATION AND GROUP SIGNATURE

Certification:

The Applicant certifies that the information on this form is correct to the best of his or her knowledge. If Anthem Blue Cross and Blue Shield accepts the coverage for which application is hereby made, the Applicant shall:

1. Maintain enrollment at or above 75% of the total number of eligible employees.
2. Provide every eligible employee an opportunity to enroll when he or she becomes eligible (**only eligible employees as defined above may be added**).
3. Acknowledge that the terms and conditions of the coverage will be as described in the group policy, and that such group policy is incorporated herein by reference as if the same were set forth in this document in full.
4. Offer no other type of group health care or dental coverage. (If only the dental program coverage is purchased, no other dental coverage may be offered.) All non-voluntary dental products require 75% or greater eligible employee participation.
5. Maintain the minimum employer contribution of 50% of the premium for Employee-Only coverage type.
6. Acknowledge that Anthem Blue Cross and Blue Shield may review necessary documentation to verify the group's eligibility. The Applicant understands that Anthem Blue Cross and Blue Shield may deny claims and void the policy if Anthem Blue Cross and Blue Shield finds that the Applicant misrepresented information needed to accept this application. When false or misleading information is discovered, Anthem Blue Cross and Blue Shield may void the policy without advance notice and refund premium back to the effective date shown on this application if the discovery is made within 2 years after such effective date. Any claims paid during the period for which the coverage was not in force will be deducted from any premium refund. If the amount of benefits paid by Anthem Blue Cross and Blue Shield on the behalf of the Applicant exceeds the premium paid, the Applicant agrees to refund such excess amount to Anthem Blue Cross and Blue Shield.

The Applicant understands that payment is due the first day of the month following receipt of the statement.

The Applicant understands that Virginia mandated Standard and Essential products are available to groups with 2 to 50 eligible employees.

The Applicant understands that if electing Anthem Limited 30/30, the covered plan benefits are limited to \$40,000 per member per calendar year.

I certify that I have read the certifications above and have the authority to sign this application on behalf of the group.

Signature: _____ **Title:** _____ **Date:** _____

H. AGENT/BROKER AGREEMENT

The Group authorizes Anthem Blue Cross and Blue Shield to recognize the following agent/broker/agency (if any) to be the Group's Agent of Record:

Agent/Broker Name (print) Thomas Musembi Agency Name EBCA
Address 1410 Spring Hill Road, Suite 301 McLean, Virginia 22102
Agent/Broker/Anthem ID Number A O 0494-1803- Telephone Number 888-490-8782
FAX# 866-707-9532

I hereby certify that all the information in the Group Application and Employee Applications is correct to the best of my knowledge, and I know nothing unfavorable about this firm or any individual requesting coverage, except as noted on the health questionnaire, as required. I have complied with Anthem's underwriting rules and regulations and have explained in detail the coverage to the group and its employees.

Agent/Broker Signature:  **Date:** _____

I. ANTHEM SALES REPRESENTATIVE:

I hereby certify that all information has been verified:

Signature: _____ Rep. Code #: _____ Date: _____
 _____ FAX#: _____

SECTION BELOW FOR ANTHEM USE ONLY

New Renewal

Submitted By _____ Rep. No. _____ Terr. _____

Check Number _____ Check Amount _____ Initial Waiver: Ongoing Waiver:

Group No. _____ Group Effective Date _____ Renewal Date _____

Assoc. Code _____ LOB _____

Parent No. _____ EAP Std.: EAP Enh.: Blue Adv.:

Association Name _____

Package No. _____

Unit No. _____ County Code _____ No. of Employees _____ Group Size _____

Account Code _____ Reopen Month _____ Contract Eff _____

Contribution: Single _____ Other _____ SIC Code _____ Prefix _____

Bill Date _____ CMF _____ PKG ID _____ WC _____

Prior Cov _____ GS Notes _____

	Cov ID	Benefit Index	RTG Type	Effective Date	Single Rate	Sub/Minor Rate	Emp/Children Rate	Emp/Spouse Rate	Family Rate
BC									
BS									
MM									
Vision Rider									
Other Rider(s)									
Other Rider(s)									

