Anthem HMO Colorado
An Anthem Company

HMO Nevada
An Anthem Company

THIS SECTION MUST BE COMPLETED
Subscriber Member Number
Health Group Number
Dental/Vision Group Number

Overage Dependent Enrollment Request

Check coverage that applies: ☐ **Health** ☐ **Dental** ☐ **Vision**

Subscriber Name (First, Middle Initial, Last)

Home Address (Street)

City **State** **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)
☐	☐		
☐	☐		
☐	☐		
☐	☐		

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.