

Specialty Benefit Modification Form For Dental and Vision

To add or change dental and/or vision coverage on an existing Anthem plan, or alongside a new Anthem medical plan, complete this form and submit with a copy of the proposal. Any new enrollees or family additions must complete an Employee Application or Census requesting coverage. Any current Anthem subscribers not wanting to enroll must submit waivers. Please consult with your Anthem Representative before completing this form.

Section 1: Company Information (Group size 2-50) *Minimum of 2 subscribers must enroll				
Select One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Coverage Change	Group/Case No.	SIC Code (4 digits)	Requested Effective Date	Employer Tax ID
Employer Name	Broker TIN	Agent Name	General Agent Name	
Employer Address	Employer Zip Code		Group Contact Name	
Group Contact Email Address				
Section 2: Dental Coverage – Employees may select a max of 2 plans Dual Option is available (certain restrictions/minimums apply)				
Select One: <input type="checkbox"/> Employer Sponsored <input type="checkbox"/> Voluntary <input type="checkbox"/> No dental coverage at this time	Contract Code: _____ Contract Code: _____			
Select premium level (subject to underwriting approval): <input type="checkbox"/> Base Premium <input type="checkbox"/> Bundled Premium <input type="checkbox"/> Medical Lock Premium <input type="checkbox"/> Medical Lock and Bundled Premium Medical Lock (Packaged Enrollment): Enrollment and tiering must be identical on both the Anthem medical and Anthem dental plans. Example: enrollee with single medical coverage must also have single dental coverage; enrollees with family medical coverage must also have family dental coverage.				
Section 3: Vision Coverage – Employees may select a max of 2 plans Dual Option is available (certain restrictions/minimums apply)				
Select One: <input type="checkbox"/> Employer Sponsored <input type="checkbox"/> Voluntary <input type="checkbox"/> No vision coverage at this time	Contract Code: _____ Contract Code: _____			
Select premium level (subject to underwriting approval): <input type="checkbox"/> Base Premium <input type="checkbox"/> Bundled Premium <input type="checkbox"/> Medical Lock Premium <input type="checkbox"/> Medical Lock and Bundled Premium Medical Lock (Packaged Enrollment): Enrollment and tiering must be identical on both the Anthem medical and Anthem vision plans. Example: enrollee with single medical coverage must also have single vision coverage; enrollees with family medical coverage must also have family vision coverage.				
Section 4: Eligibility – Dental and Vision rates are based on total eligible, not enrolled				
Please complete this section.				
Number of eligible full-time employees (minimum working 30 hours per week): _____ Number of employees enrolling in: Dental _____ Vision _____				
Section 5: Prior Coverage				
Has this group had coverage within 12 months of this application's signature date? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Replacing Current Plan?	If yes, provider carrier name & plan type	Original Effective Date	Termination Date (MM/DD/YYYY)	
Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Section 6: Employer Signature				
By signing below, I agree to the above conditions of enrollment in addition to all other terms, limitations and conditions of the Group Benefit Agreement and/or Group Contract and Application.				
X _____		Title	Date	

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For General Agent/Producer/Broker use only *Only needed if Agent/Broker is not on record for Group					
General agent/producer/broker name*			Agent/producer/broker ID no.*		
Street Address*			City*	State*	ZIP Code*
Writing payable/sub-agent/producer/broker		_____ %	Second writing payable/sub-agent/product/broker		_____ %
Agency name		Agency ID no.	Agency name		Agency ID no
Agent/producer/broker name			Agency/producer/broker name		
Agent/product/broker Tax ID no./SSN			Agent/product/broker Tax ID no./SSN		
Payable/sub-agent/producer/broker Tax ID no./SSN, if different			Payable/sub-agent/producer/broker Tax ID no./SSN, if different		
Existing Broker EmployerAccess user name			Existing Broker EmployerAccess user name		
Street address			Street address		
City	State	Zip	City	State	Zip
Phone No.	Fax No.		Phone No.	Fax No.	
Email address			Email address		
Signature		Date (MM/DD/YYYY)	Signature		Date (MM/DD/YYYY)

Anthem Use Only	
Sales Representative and Account Manager	
Sales Representative name	Sales Representative code no.
Account Manager Name	Account Manager code no.