

## 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.

<b>Section 1: Company Information (Group size 2-50)</b> *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				
<b>Section 2: Dental Coverage – Employees may select a max of 2 plans Dual Option is available (certain restrictions/minimums apply)</b>				
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.				
<b>Section 3: Vision Coverage – Employees may select a max of 2 plans Dual Option is available (certain restrictions/minimums apply)</b>				
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.				
<b>Section 4: Eligibility – Dental and Vision rates are based on total eligible, not enrolled</b>				
<b>Please complete this section.</b> Number of eligible full-time employees (minimum working 30 hours per week): _____ Number of employees enrolling in: Dental _____ Vision _____				
<b>Section 5: Prior Coverage</b>				
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				
<b>Section 6: Employer Signature</b> 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
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.