

Helpful Hints
Small Group Anthem Enrollment Application
(A-216 rev. 6/05)
(Group size 2-50 eligible employees)

In order to process your enrollment application more quickly, please provide all the information requested. It is essential that you read it carefully and complete all the necessary sections.

*It is also important to read and understand the Significant Terms, Conditions and Authorization in Section 4 (page 1) and in Section 10 (page 3). **Section 4 must be read, signed and dated regardless of the coverage selected and/or waived.***

If you are a new enrollee or adding a dependent:

Please be sure to answer “Yes” or “No” to the medical questions in Section 3. If you answer “Yes”, please complete the boxes beneath these questions. (Note: If you are adding a dependent, the medical questions do not need to be answered.)

a) Applying for **medical, vision and/or dental coverage plus life and disability insurance**, please complete section; 1, 2, 3, 4, 5, 6, 8 & 9. If any dependents are waiving medical or dental, please complete section 7. Please list who is waiving and what coverage they are waiving.

b) Applying for **medical, vision and/or dental coverage but waiving life and disability insurance**, please complete section; 1, 2, 3, 4, 5, 6, 7, 8 & 9. In section 7, please indicate that you are waiving life and the reason.

c) Applying for **life and disability insurance but waiving medical coverage**, please complete section; 1, 2, 3, 4, 5, 6, & 7. In section 7, please indicate the person for whom coverage is being waived.

d) Waiving **all coverage**, please complete section; 1, 2, 3, 4, 5, 6, 7.

Please note:

- *Vision plan type always follows the medical.*
- *If choosing Dental coverage, selections must be completed in Section 6.*
- *If life coverage is over the guaranteed issue amount for small group, then, an Evidence of Insurability (EOI) form is required.*