

Relocation Plans Moving From California to Colorado



This offer will expire 30 days after your current Individual coverage has ended.

Applicant's Social Security or ID Number:	Subscriber Name:	Date of Birth:	
Colorado Address:	City:	State	Zip Code:
California Address:	City:	State	Zip Code:
Agent Name:	Include the following eligible family members on my policy:		

For complete plan information, we've enclosed a sales brochure describing the terms, conditions, limitations and exclusions of the available plan(s). You can call our membership customer service department toll free at 800-333-0912 or your agent, for more information or if you have questions. We're here to help you and we look forward to serving you.

Note: It's important that you review and understand the plan's benefits, conditions, limitations and exclusion before you submit this completed form.

We've taken the guesswork out of which Anthem Blue Cross and Blue Shield you're eligible to change to. Just follow the arrow from your current California plan to the eligible Colorado plan.

Current California Individual Health Plan		Eligible Colorado Individual Health Plan
Right Plan PPO 40	←	→ Right Plan PPO 40
Tonik	←	→ Tonik
All other Individual health plans	←	→ HSA-qualified High Deductible Health Plan

We provide three billing and payment options for your convenience

- 1) Automatic monthly payments through your checking account. Complete the enclosed Checking Account Automatic Premium Payment Form. This payment option lets you pay premiums directly from your checking account so your coverage continues uninterrupted.
- 2) Automatic monthly payments on a specific credit card. You'll never have to worry about sending a check.
- 3) Bi-monthly payment. You'll receive a paper premium statement every other month. You'll need to take action and send us your payment.

Subscriber's Signature and Date

I have read this form and completed it to the best of my knowledge. I understand and agree that I am responsible for the accuracy and completeness of the information provided. I agree to abide by the terms of any policy of insurance issued by Anthem Blue Cross and Blue Shield.

Applicant's Signature

Date

Please return this form to:
Anthem Blue Cross and Blue Shield
P.O. Box 9051, Oxnard, CA 93031-9051