

An Independent Licensee of the Blue Cross and Blue Shield Assocation

# Alabama Federal DentalBlue Enrollment Form

Failure to provide requested information may delay the processing of your application.

Please use black ink and print clearly.

Keep the bottom copy for your records.

Mail top copy to:

Blue Cross and Blue Shield of Alabama Attention: Payment Processing - FEP P.O. Box 2768 Birmingham, Alabama 35202-2768 1-800-492-8872

# For Service Benefit Plan Basic or Standard Option Enrollees Only

To enroll in Alabama Federal DentalBlue you must reside in the service area of Blue Cross and Blue Shield of Alabama. If you enroll in the FEHB Basic Option, you will automatically be enrolled in Alabama Federal DentalBlue Basic Option. The same is true for Standard Option.

If you are a new Standard or Basic Option subscriber, please include a copy of your SF 2809 Form.

# **Application For Enrollment**

## EMPLOYEE INFORMATION

PLEASE PRINT USING UPPERCASE LETTERS: USE BLACK BALL POINT PEN - PRESS FIRMLY) \* INDICATES REQUIRED FIELDS

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## **COVERED DEPENDENTS**

List your spouse and/or dependent children below. Only the dependents enrolled under your Service Benefit Plan coverage are eligible to enroll in Alabama Federal Dental Blue.

LAST NAME*		FIRST NAME*
MAIDEN/MIDDLE NAME	SUFFIX (JUNIOR, SENIOR)	SOCIAL SECURITY NUMBER*
RELATIONSHIP	GENDER	DATE OF BIRTH (MM/DD/YYYY)*
O SPOUSE O OTHER	O MALE O FEMALE	
LAST NAME*		FIRST NAME*
MIDDLE NAME	SUFFIX (JUNIOR, SENIOR)	SOCIAL SECURITY NUMBER*
RELATIONSHIP	GENDER	DATE OF BIRTH (MM/DD/YYYY)*
O CHILD O OTHER	O MALE O FEMALE	
ENR-442 (Rev. 10-2014) BLUE CROSS AND E	BLUE SHIELD COPY APPLICANT COPY	

COVERED DEPENDENTS		
LAST NAME*		FIRST NAME*
MIDDLE NAME	SUFFIX (JUNIOR, SENIOR)	SOCIAL SECURITY NUMBER*
RELATIONSHIP	GENDER	DATE OF BIRTH (MM/DD/YYYY)*
<b>^</b>	O MALE O FEMALE	
LAST NAME*		FIRST NAME*
		FIRST NAME*
	SUFFIX (JUNIOR, SENIOR)	FIRST NAME*
	SUFFIX (JUNIOR, SENIOR)	
		SOCIAL SECURITY NUMBER*
	SUFFIX (JUNIOR, SENIOR)	SOCIAL SECURITY NUMBER*

### **ENROLLMENT PERIOD**

As long as you remain eligible for enrollment in Alabama Federal DentalBlue, your enrollment period is for the entire calendar year. The Alabama Federal DentalBlue benefits are based upon year-long premiums. (For federal employees hired during the calendar year, who transfer in to Alabama from another state within the same federal agency, or who elect coverage due to termination of existing coverage, the enrollment period and total premium liability are determined based on the effective date of enrollment.) If you cancel your Alabama Federal DentalBlue coverage to enroll in a dental plan other than the national FEP BlueDental plan, you will not be able to re-enroll in Alabama Federal DentalBlue during the next three Open Seasons except if you return to full-time civilian employment from active military duty.

## **PAYMENT & BILLING**

We will accept your premium payments only if they are made from your personal (non-business) account. Premiums are payable in advance on a monthly basis.

Please choose either an Automatic Payment Method OR a Billing Method. Failure to choose either an Automatic Payment Method or a Billing Method will delay the processing of your application.

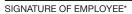
AUTOMATIC PAYMENT METHOD *	BILLING METHOD								
Select <b>ONE</b> payment method.	Select <b>ONE</b> billing method.								
E-Check **  Debit Credit Card Please complete the included Payment Authorization Agreement and submit it along	<b>E-Statement</b> You will receive an email notification each month when your billing statement is available. Email address is required.								
with this application. If approved, your payment will be charged to your account.	Email Address								
It may take up to 30 days to implement automatic payment. You will receive a bill for your premiums until your payment method is established. Courtesy notification will be sent to your email.	□ Billing Statement You will receive a billing statement each month which includes an invoice to return with your premium payment. Courtesy notification will be								
** For e-check only, please mail us a blank voided check.	sent to your email.								

### **I UNDERSTAND**

These benefits are neither offered nor guaranteed under the FEHB Program, but are made available to all enrollees and dependents who are members of the Service Benefit Plan and live in the service area of Blue Cross and Blue Shield of Alabama. If I choose the FEHB Basic Option, I will be enrolled in the Alabama Federal DentalBlue Basic Option. If I choose the FEHB Standard Option, I will be enrolled in the Alabama Federal DentalBlue Basic Option. If I choose the FEHB Standard Option, I will be enrolled in the Alabama Federal DentalBlue Standard Option. The cost of these benefits is not included in the FEHB premium, and charges for these services do not count toward any FEHB deductibles or catastrophic protection benefits. These benefits are not subject to the FEHB disputed claims procedures.

#### I acknowledge and agree:

- that coverage shall become effective only after this application is approved by the Plan and shall be only as stated in the contract issued by the Plan; and
- that any health care provider having information or records pertaining to me or any covered family member is authorized and directed to furnish such information or records at the Plan's request; and
- that each response in this application has been entered by me or at my direction and may be used by the plan to determine eligibility of me and any family member for this coverage and that, if I have misstated or omitted any material information, the Plan may declare such coverage null and void from its issuance; and
- that I will pay premiums by the method selected above.









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