2019 Individual Enrollment Request Form
Blue Shield 65 Plus Optional Supplemental Dental HMO or PPO Plan Enrollment Request Form

blue california

Please contact Blue Shield of California if you need information in another language.
(800) 776-4466 [TTY **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30.
Please fax or mail your completed enrollment form to:
Fax: (877) 251-3660
Mail: Blue Shield of California, PO Box 948, Woodland Hills, CA 91365

If you are already a Blue Shield 65 Plus℠ (HMO), Blue Shield 65 Plus℠ Choice Plan (HMO) or Blue Shield Trio Medicare (HMO) member, and would like to enroll in the Optional Supplemental Dental HMO or PPO plan, please provide the following information:

Please check which plan you want to enroll in.
☐ Optional Supplemental Dental HMO Plan $12.40 per month
(Note: The Dental HMO plan is not available to members in San Luis Obispo and Santa Barbara counties.)
☐ Optional Supplemental Dental PPO Plan $34.90 per month

Blue Shield Member ID No.

LAST name:	FIRST name:	MI	☐ Mr. ☐ Mrs. ☐ Ms.

Birth date (__ __ __ __ __ __ __ __) MM / DD / YY YY	Sex: ☐ Male ☐ Female	Home Phone Number:

Permanent Residence Street Address (P.O. Box is not allowed):

City:	State:	ZIP code:

Mailing Address (only if different from your permanent residence address):

City:	P.O. Box:	State:	ZIP code:

Emergency contact:	**Phone number:**	**Relationship to you:**

Optional Supplemental Dental HMO plan ONLY. If you're enrolling in the Dental PPO plan, you do not need to provide a dentist name or ID.

Name of dentist	Provider ID#

If you do not select a dentist, you will be assigned a dentist at the time of enrollment.

Paying your plan premium

Your premium for the next month's coverage is due by the last day of the current month.

You can pay your monthly Optional Supplemental Dental HMO or PPO plan premium by mail or by "Electronic Funds Transfer (EFT)", each month. You can also to choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you do not select a payment option, you will receive a bill each month.

Please select a plan premium payment option:

☐ Get a monthly bill.

☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name:

Bank routing number:	Bank account number:

Account type: ☐ Checking ☐ Saving

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please note: If your Blue Shield 65 Plus, Blue Shield 65 Plus Choice Plan or Blue Shield Trio Medicare plan has a monthly premium, or if you currently pay a late enrollment penalty, whatever plan premium option you select now will be applicable to ALL components of your plan premium.

If you do not make your premium payment according to the payment option you selected, you will receive a written notice and will be given 3 months from the payment due date to pay all amounts due to Blue Shield. If you do not pay all amounts due within that time, Blue Shield of California will disenroll you from the Optional Supplemental Dental HMO or PPO plan.

Once you have enrolled in the Optional Supplemental Dental HMO or PPO plan, your membership will continue as long as you pay your premiums as specified by the plan and remain enrolled as a Blue Shield 65 Plus, Blue Shield 65 Plus Choice Plan or Blue Shield Trio Medicare member.

You must be a member of Blue Shield 65 Plus, Blue Shield 65 Plus Choice Plan or Blue Shield Trio Medicare in order to be eligible to enroll in the Optional Supplemental Dental HMO or PPO plan. If you disenroll from Blue Shield 65 Plus, Blue Shield 65 Plus Choice Plan or Blue Shield Trio Medicare, you will also be disenrolled from the Optional Supplemental Dental HMO or PPO plan. If you disenroll from the Optional Supplemental Dental HMO or PPO plan only and wish to re-enroll at a later date, you must wait 6 months from the disenrollment date and pay any premium amount owed before you will be allowed to re-enroll in the Optional Supplemental Dental HMO or PPO plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State of California) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under the State of California's law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

SIGNATURE _____ Today's date _____

If you are the legally authorized representative (i.e., power of attorney or legal guardian – see description above), you must sign above and provide the following information:

Name _____

Address _____

Phone number _____

Relationship to enrollee _____

Producer information: Producer name and ID or NPN **is required**

TMO/GMO/Agency name _____
(please print appointed agency name)

TMO/GMO/Agency ID No. _____
(please print agency ID)

Producer name _____
(please print writing agent name)

Producer ID No. _____
(please print agent ID number or NPN)

Producer phone number _____

Producer email address _____

Date application received by producer _____

Producer signature _____

With my signature, I hereby certify that I have read and understand the CMS Medicare Communications and Marketing Guidelines and Enrollment rules and confirm that the enrollee has received a complete enrollment kit. I agree that this enrollment of a Medicare beneficiary, on behalf of Blue Shield of California, has complied with these rules.

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.