



SmileNetSM Dental Discount Program
Individual & Family Enrollment Application

Choose One: [] Enroll [] Change

Application Information: All fields must be completed PLEASE PRINT

Form with fields: LAST NAME, FIRST NAME, MI, SEX, BIRTHDATE, MARITAL STATUS, SOCIAL SECURITY NUMBER, HOME ADDRESS, BILLING ADDRESS, CITY, STATE, ZIP CODE, HOME PHONE NO., BUSINESS PHONE NO.

Spouse To Be Enrolled

Form with fields: NAME OF SPOUSE, SEX, BIRTHDATE, SOCIAL SECURITY NUMBER

Children To Be Enrolled

Form with fields for 4 children: NAME, SEX, BIRTHDATE

SmileNet Program Fees

Annual Fee: Single \$80 Family \$120 Administrative Fee: \$20 (one-time fee for new members)

Payment Options

Form with options: [] Electronic check, [] Use the enclosed check as payment. Includes fields for bank account details.

By choosing the electronic check option, I authorize Anthem Blue Cross to convert my check into an electronic funds transfer. I understand that my bank account will be debited for the amount indicated on the check. I am aware that my check will not be returned. If I pay by electronic or paper check, I understand that I will be sent an invoice prior to my renewal date. No refunds, cancellations or changes (such as adding or deleting a family member) will be allowed in the first 12 months, except in the case of death. I have read and understand the Terms and Conditions of the SmileNetSM program.

Signatures (Required)

Form with fields: SIGNATURE OF APPLICANT/PARENT OR LEGAL GUARDIAN, TODAY'S DATE, SIGNATURE OF APPLICANT'S SPOUSE, TODAY'S DATE

Agent Information

Form with fields: SIGNATURE OF AGENT, AGENT NAME (PRINT) Thomas J. Roberts, AGENT NUMBER DHKGPQNVZR

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. © ANTHEM is a registered trademark. © The Blue Cross name and symbol are registered marks of the Blue Cross Association.

