MEA Benefits Trust Retiree — Vision Application/Change Form

Anthem

All sections need to be completed before this application can be processed.

Group no.	Firm division
008999000	008500065

Section 1: Applicant information

Last name	First name	M.I.

Home street address	City	State	ZIP code

Date of birth (MMDDYYYY)	Social Security no.	Home phone no.	Gender	Anthem Blue View Vision ID no. (if applicable)
			☐ Male ☐ Female	

Section 2: Reason for application — Please check one

☐ New enrollment application Effective date: (MMDDYYYY)

☐ Cancel coverage Effective date: (MMDDYYYY)

☐ Change of coverage (e.g. add or delete spouse/dependents/domestic partner) Effective date: (MMDDYYYY)

Section 3: Applicant and family information

Add/ Remove	Last name	First name	M.I.	Date of birth (MMDDYYYY)	Social Security no.	Gender
☐ Add ☐ Remove	Self					☐ Male ☐ Female
☐ Add ☐ Remove	☐ Spouse ☐ Domestic partner					☐ Male ☐ Female
☐ Add ☐ Remove	Dependent					☐ Male ☐ Female

Section 4: Applicant signature *(if you are **enrolling or making changes**)*. Please sign below in either section 4 or 5.

The certificate provides vision benefits only. Review your certificate carefully.

I am requesting coverage for myself and all dependents listed. All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits. I understand all benefits are subject to conditions stated in the group agreement and Certificate of Coverage.

Applicant signature	Date (MMDDYYYY)
X	

Section 5: Applicant signature *(if you are **cancelling the entire policy**)*

Applicant signature	Date (MMDDYYYY)
X	

Please call 207-822-7556 with questions regarding enrollment.

Send completed form to: Anthem Blue Cross Blue Shield
Enrollment and Billing Department
2 Gannett Drive
South Portland, ME 04106

OR Fax to **801-252-4292**
(Do not send the original if sending by fax.)