





1. Subscriber Information	n													
Last Name		First Name	M. I.	Social Security Nun	nber		Date of Birth	Marital Status:			Gender			
								Married	Single		ale Female Idefined			
Mailing Address		City	State	Zip	1	Telephone :		Divorced E-mail Add	ress:	Und	defined			
riaming riadicos		Sit,	State			·		2						
						()								
2. Employer/Department: 3. Current Employment Status :			4. Reason for A	4. Reason for Application: (Required)										
Working for or retired from:				a. <u>Change in Employment:</u>										
Employer:	Employer:		☐ New Hire	□ New Hire □ Rehire □ Return from Leave of Absence □ Recall from Layoff										
State of Maine	Active Employee			Date of hire/rehire/return/recall (required): / /										
Other		b. Qualifying	b. Qualifying Life Event: Documentation required Visit www.maine.gov/bhr/oeh for qualifying life event list											
_	Intermittent Employee		Annual Enrollment (only held in May each year; effective date of change is July 1st)											
(E.g. MCCS, MainePERS, etc.)			☐ Life Event	Reason:										
and	□ Dotiroo			Date of Life Event (required): / /										
<u>Department Name</u> :			c. Name and/or Address Change:											
	Surviving	☐ Surviving Spouse/ Dependent			<u>1ge:</u>									
(E.g. DHHS, DOT, DOC, etc.)			_ =	☐ Name Change										
				Former Name										
							Name Change/ Addre			<u>/_</u>				
5a. Family Information If you need extra space, please print anoth List only family members enrolling, or for whom change				ther form from our website <u>www.maine.gov/bhr/oeh</u> or request from your human resources departing in coverage is needed Required					ent 5b. Plan Selection					
		First Name	Social Security Numl		rth Gender	Doctor's	Full Name and Anthem	PCP ID Number	Health	Dental	Vision			
		riist Name	Social Security Numi	Date of Bi			www.Anthem.com	<u>m</u>	Insurance	Insurance	Insurance			
Self					Male Male				Enroll	Enroll	Enroll			
					Female Undefined	Current Patier	nt? Yes or No		Delete Decline	Delete Decline	Delete Decline			
Spouse <i>or</i> Domestic Partner					Male	- Current radio			Enroll					
State of Maine employee? Yes or No					Male Female				Delete	Enroll Delete	Enroll Delete			
				Undefined	Current Patier	nt? Yes or No		Decline	Decline	Decline				
(Marriage license or partner affida Child	vit required)				Male				Enroll	Enroll	☐ Enroll			
					Female				Delete	Delete	Delete			
(Birth certificate or court documenta	ition required)				Undefined	Current Patier	nt? 🗌 Yes or 🔲 No		Decline	Decline	Decline			
Child					☐ Male				Enroll	Enroll	Enroll			
(Birth certificate or court documenta	ution required)				Female		nt?		Delete	Delete	Delete			
(Birdi cerdificate of court document	idon required)				Undefined	Current Patier	nt? Yes or No		Decline	Decline	Decline			
I certify all information supp Benefits in accordance with I dependents (if applicable) ar misleading information to an Plan's subrogation rights for revoke your consent to recei	ules, regulations & opportunity to app insurance company my claims on a just	statutes. I further author ply for group health covera y for the purpose of defrau and equitable basis. I cor	ize Employee Health & Be ge that provides Minimum ding the company. My signsent to receive e-mails fr	enefits to deduct an n Value and Minimu gnature on this app rom the Office of En	y premiums owed by um Essential Coverag dication constitutes on ployee Health & Be	/ me as of the o ge that is afforo my approval an nefits that are	date my application is ap dable. Misrepresentation nd authorization for Anth serviced by Constant Co	proved. I understand It is a crime to know Iem Blue Cross and B	I my employer h wingly provide fa lue Shield to enf	as given me an alse, incomplete force the State	nd my e or of Maine			
Signature			Date _											
		C. Cucara in	formation. To be com-	plotod by Ctata	of Maine Office of	Employee	oolth & Donofite only							
Plan Sponsor: State of Maine Payroll Code			normation: To be com	ntion: To be completed by State of Maine Office of Employee Health & Benefits only										
	Payroll Code			1							Vision Effective Date / /			
	Payroll Code	Health Effective Date _	/	D	ental Effective Date _	/	/	Vision Effective	ve Date /	/	-			
SOM Department #:	Payroll Code	Health Effective Date _	//	D -	601 State of Maine	1		Vision Effective	ve Date /	/				
	<u>Payroll Code</u>	Health Effective Date _ Anthem Firm Division#			601 State of Maine 602 Ancillary Grou	1			ve Date / Division# 0VM					