INSURANCE APPLICATION INSTRUCTIONS

Section 1 – Subscriber Information: The fields in this section are the employee's personal and demographic information. Please be sure **ALL** information in this section is completed. **Full Social Security Numbers are REQUIRED.** If you do not have a Social Security Number, contact your Benefits Specialist at Employee Health & Benefits.

Section 2 – Employer/Department: Please include the Department name in which you work. *(Ex. DHHS, DOT, DOC)*

Section 3 – Current Employment Status: Check the box applicable to your situation. (Intermittent employees are those who are considered "per diem" or "as needed" and are eligible for coverage. Please contact your Human Resources department for more information.)

Section 4 – Reason for Application: Please make sure one of these boxes is checked and this section is complete before submitting. Other than during annual enrollment, changes may only be made within 60 days of a qualifying life event. The list of qualifying life events can be viewed at our website www.maine.gov/bhr/oeh.

Section 5a – Family Information: Please only provide information on applicants (yourself as subscriber and/or dependents) for whom you want to add and/or drop. **Documentation is required for spouse/domestic partner and child(ren) being added (e.g. marriage license, domestic partner affidavit, birth certificate).** Please go to www.anthem.com to find the 10-digit Anthem Primary Care Physician (PCP) ID number. You do not need to list those who are not changing coverage.

5b – Plan Selection: Select one option for each benefit program per member.

Signature/Date: All applications require a signature and date. **No electronic or stamped signatures are accepted at this time.**

Section 6 – Employee Health & Benefits: This area is designated for Employee Health & Benefits staff use only; please do not mark in this area.

Any application received and deemed incomplete or not legible will be returned to you. Effective dates are determined by the date Employee Health & Benefits receives the completed application including supporting documentation. Applications are considered complete when all applicable/required sections are filled in and legible, the form is signed and dated and returned with supporting documentation. It is very important you thoroughly review the application and documents before submitting to Employee Health & Benefits to prevent delay in processing. If an application is returned for any reason, the completed application still must be received within 60 days of the qualifying life event. Note, this could impact when your coverage becomes effective or ends. Thank you in advance for your cooperation.