



P.O. Box 9041
Oxnard, CA 93031-9041

Individual New Business Inquiry

FAX to Underwriting Department (805) 713-8847

INDIVIDUAL INFORMATION

Name of Applicant:	Social Security or ID No.:	Date Inquiry Submitted/Faxed:
Agent:	Agent ID No.:	Requested Effective Date:
REQUIRED INFORMATION: 	Agent Phone No.: () -	Agent Fax No.: () -
Anthem Blue Cross Life and Health Insurance Company Products <input type="checkbox"/> Basic PPO 1000 (7900) <input type="checkbox"/> PPO 3500 (HSA-Compatible) (T160) <input type="checkbox"/> Basic PPO 2500 (R418) <input type="checkbox"/> Basic PPO HSA-Compatible (PE 25) <input type="checkbox"/> Basic PPO 5000 Generic Rx (DL96) <input type="checkbox"/> Basic PPO 2500 without Life (R419) <input type="checkbox"/> PPO Saver (NM31) <input type="checkbox"/> RightPlan PPO 40-No Rx (P958) <input type="checkbox"/> PPO Saver without Life (PE27) <input type="checkbox"/> RightPlan PPO 40-Generic Rx (PE48) <input type="checkbox"/> 3500 Deductible PPO (R420) <input type="checkbox"/> RightPlan PPO 40-Comprehensive Rx (PE49) <input type="checkbox"/> PPO Share 1000 (1930) <input type="checkbox"/> Tonik Thrill Seeker 5000 Deductible (T775) <input type="checkbox"/> PPO Share 500 (1929) <input type="checkbox"/> Tonik Part Time Daredevil 3000 Deductible (T774) <input type="checkbox"/> PPO Select 3000 (DM00) <input type="checkbox"/> Tonik Calculated Risk Taker 1500 Deductible (T773) <input type="checkbox"/> PPO Share 5000 (HO62) <input type="checkbox"/> Other _____		Anthem Blue Cross Products <input type="checkbox"/> PPO Share 2500 (7891) <input type="checkbox"/> PPO Share 1500 (7889) <input type="checkbox"/> PPO Share 1000 (1393) <input type="checkbox"/> PPO Share 500 (7895) <input type="checkbox"/> EPO (HSA-Compatible) (7892) <input type="checkbox"/> HMO Saver (7896) <input type="checkbox"/> Individual HMO (7898) <input type="checkbox"/> Other _____

MEDICAL CONDITIONS (Please do not submit medical records at this time)

APPLICANT DATA					DEPENDENT DATA				
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Diagnosis and Date of Onset:					Specific Diagnosis and Date of Onset:				
Date(s) of Treatment:			Date of Full Recovery		Date(s) of Treatment			Date of Full Recovery	
Current Medication(s)/Dosages					Current Medication(s)/Dosages				

GENERAL CONCERNS AND QUESTIONS

UNDERWRITING RESPONSE

<input type="checkbox"/> Possible Level I + 20 % <input type="checkbox"/> Possible Level I + 50 % <input type="checkbox"/> Possible Level I + 75 % <input type="checkbox"/> Possible Level I + 100 % <input type="checkbox"/> Possible MRMP	Notes: <hr/> <hr/> <hr/> <hr/> <hr/>
Underwriter:	Date:

Indications resulting from this inquiry are preliminary and based solely upon the completeness and accuracy of the information provided, and are subject to change based upon further review and additional information provided or not disclosed. If you are submitting this case, please be sure to include a copy of this inquiry and our response with the completed and signed applications. This response is no guarantee that your application will be approved. **Thank you!**