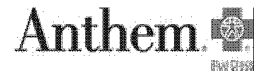


# Exception To Standard Enrollment

TO ENSURE PROCESSING OF THIS IMPORTANT INFORMATION, PLEASE RETURN  
WITH YOUR COMPLETE  
SOCIAL SECURITY OR IDENTIFICATION NUMBER.



Name of Applicant:	Identification No.:	Date
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The applicant must complete the appropriate section below that applies to their enrollment. This form must be submitted with the Individual Enrollment Application and other required documents when applicable.

**PART A: INDIVIDUAL ENROLLMENT APPLICATION OVER 30 DAYS OLD**

**Purpose:** To certify that the health status as submitted on the application has not changed since submission.

I, \_\_\_\_\_ certify that the submitted health status of myself and all listed dependents remains the same as shown on my application dated:    /   /   

SUBSCRIBER'S SIGNATURE	DATE (Required)	DEPENDENT'S SIGNATURE	DATE (Required)
X		X	
SPOUSE'S SIGNATURE	DATE (Required)	DEPENDENT'S SIGNATURE	DATE (Required)
X		X	

**Requested effective dates are not available for HMOs.** This date must be after the above signature date, but not greater than 75 days from the signature on this Exceptions Form. If you do not request an effective date or if you have applied for an HMO, and your application is approved, Anthem Blue Cross will assign an effective date of the day following approval of your application.

**If Anthem BlueCross approves my application, please assign an effective date of** \_\_\_\_\_.

Please include the date of the last menstrual period for each female applicant listed on the Application

NAME	DATE of LMP	NAME	DATE of LMP
X		X	
NAME	DATE of LMP	NAME	DATE of LMP
X		X	

**PART B – Legal and Financial Responsibility (if not the natural or adoptive parent)**

I, \_\_\_\_\_, accept full legal and financial responsibility for the Individual enrollment information disclosed on this application for \_\_\_\_\_  
*Name of Applicant*

If you are the legal guardian, please attach a copy of the court-appointed guardianship papers.

SIGNATURE	DATE (Required)
X	

**PART C – Statement of Accountability**

To be used when the Applicant cannot complete the application because of one of the following circumstances:

I, \_\_\_\_\_, personally read and completed the Individual Enrollment Application for \_\_\_\_\_, dated \_\_\_\_\_

because:

Does not read English     Does not speak English     Does not write English

Other (explain) \_\_\_\_\_

I also translated the contents of this form and to the best of my knowledge obtained and listed all the requested personal and medical history disclosed by \_\_\_\_\_.

SIGNATURE	DATE (Required)
X	

**IMPORTANT: THE VALIDITY OF THIS INFORMATION IS SUBJECT TO THE SAME CONDITIONS OF APPLICATION AS THOSE SIGNED ON    /   /    AND WILL BECOME PART OF THE AGREEMENT BETWEEN ANTHEM BLUE CROSS AND THE ABOVE LISTED MEMBER(S).**

**THIS ADDENDUM TO YOUR ORIGINAL APPLICATION IS ON FILE WITH ANTHEM BLUE CROSS**

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