BlueCross BlueShield of Texas

www.yourfederaldental.com

Federal DentalBlue
Enrollment Form

Mail this Form to:

Blue Cross and Blue Shield of Texas
P.O. Box 23150
Belleville, IL 62223

Questions:

1-866-431-1598

To enroll in Federal DentalBlue you must be enrolled in the Service Benefit Plan and reside in the service area of Blue Cross and Blue Shield of Texas. Please check the applicable box below.

☐ **I am a Standard Option Member requesting enrollment in the Federal DentalBlue Standard Option Program.**

☐ **I am a Basic Option Member requesting enrollment in the Federal DentalBlue Basic Option Program.**

Enrollee Information

Choose One: ☐ Single ☐ Employee +1 ☐ Family

Last Name	First Name	Initial	Date of Birth	Social Security Number
			/ /	

Street Address	City	State	Zip

Home Phone Number	Work Phone Number	FEP ID Number	Enrollment Code
		R	

Dependent Information

Please note: You must list your spouse and/or dependent children below who are currently enrolled under your Service Benefit Plan.

Only the dependents enrolled under your Service Benefit Plan coverage are eligible to enroll in the Federal DentalBlue Program.

First Name	Initial	Date of Birth	Social Security Number	Sex (M/F)	Last Name (if different)	Relationship

If you need to list more dependents, please attach an additional sheet.

Payment Information (please select one option below)

☐ **BANK DEBIT OPTION (Enclose voided check or deposit slip.) Blue Cross and Blue Shield of Texas is authorized to charge my account for the premiums for Federal DentalBlue.**

Bank Name

Routing Number

Account Number

SIGNATURE OF ACCOUNT HOLDER

X

BILLING FREQUENCY OPTIONS (check one): ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUALLY ☐ ANNUALLY

☐ **BILL DIRECT OPTION** Do not send payment with your application. You will be billed after your application is processed.

Select your billing frequency: ☐ QUARTERLY ☐ SEMI-ANNUALLY ☐ ANNUALLY

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION AND SIGNATURE

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks Blue Cross Blue Shield Association.

47585.0307

I Understand

These benefits are neither offered nor guaranteed under the FEHB Program, but are made available to all enrollees and dependents who are members of the Service Benefit Plan and live in the service area of Blue Cross and Blue Shield of Texas. The cost of these benefits is not included in the FEHB premium, and charges for these services do not count toward any FEHB deductibles or catastrophic protection benefits. These benefits are not subject to the FEHB disputed claims procedures.

I acknowledge and agree:

- that coverage shall become effective only after this application is approved by the Plan and shall be only as stated in the certificate issued by the Plan; and
- I have read all statements on this application and represent that they are true and complete. I understand that any false or incomplete information can result in retroactive cancellation of coverage for all persons under the membership, and I will repay promptly any benefit payments to which persons covered under this membership were not entitled; and
- I authorize any dentist, physician, practitioner, hospital or other institution to release, disclose and furnish Blue Cross and Blue Shield of Texas for its review and retention in connection with any application for dental coverage and future claims, all information, records, or copies of records relating to medical history and conditions, including but not limited to diagnosis, treatment, care, surgery, and the dates thereof; and
- that any health care provider having information or records pertaining to me or any covered family member is authorized to furnish such information or records at the Plan's request; and
- that each response in this application has been entered by me or at my direction and may be used by the Plan to determine eligibility of me and any family member for this coverage and that, if I have misstated or omitted any material information, the Plan may declare such coverage null and void from its issuance; and
- that I will pay premiums as stated above.

X ____

Signature (Your signature is required.) **Date**

PROXY STATEMENT: The undersigned hereby appoints the Board of Directors of Health Care Service Corporation, a Mutual Legal Reserve Company, or any successor thereof ("HCSC"), with full power of substitution, and such persons as the Board of Directors may designate by resolution, as the undersigned's proxy to act on behalf of the undersigned at all meetings of members of HCSC (and at all meetings of members of any successor of HCSC) and any adjournments thereof, with full power to vote on behalf of the undersigned on all matters that may come before any such meeting and any adjournment thereof. The annual meeting of members shall be held each year in the corporate headquarters (300 E. Randolph St., Chicago, IL 60601) on the last Tuesday of October at 12:30 p.m. Special meetings of members may be called pursuant to notice mailed to the member not less than 30 nor more than 60 days prior to such meetings. This proxy shall remain in effect until revoked in writing by the undersigned at least 20 days prior to any meeting of members or by attending and voting in person at any annual or special meeting of members.

Primary Applicant's Signature

X ____

Print Your Name as You Signed It:______________________________ Date Signed: ______/_____/_____
Month Day Year

Open Season

The period during the year when the United States government allows federal employees to enroll and make changes to their enrollment in the Federal Employee Program.

Enrollment Period

The Federal DentalBlue benefits are based upon year-long premiums. (For federal employees enrolled during the calendar year, the enrollment period and total premium liability are determined based on the effective date of enrollment.) If you cancel your Federal DentalBlue coverage prior to 12 months of continuous coverage, you will not be able to re-enroll during the next three Open Seasons.