INSTRUCTIONS FOR COMPLETING YOUR INDEPENDENCE BLUE CROSS ENROLLMENT FORM

Please complete both sides of the form. Group Administrators/Subscribers: Both signatures are required on page 2
NOTE: See back of this page for terms and definitions.
PLEASE KEEP A COPY OF BOTH SIDES FOR YOUR RECORDS.ADDITIONALLY, A COPY CAN BE USED AS A TEMPORARY IDENTIFICATION CARD.
Please print carefully in capital leters as shown below. DO NOT USE RED INK OR PENCIL.

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Thank you for chosing IBC. In order to proces your aplication as quick ly as posible, please read the following instructions and provide the information requested.

Section 1: Fill out this section if you are a new or curent subscriber. If you are mak ing any changes, additions or deletions, please check the boxes that aply. Please see your Group Administrator if you are mak ing a change to COBRA or Conversion. If you are deleting a family member, please check "Delete a Dependent'' in Section 1 and indicate only
the family member for which coverage is to terminate in Section 4.

Section 2: This section should be completed by your Group Administrator. If this is an aplication for a new aplicant or a member changing plans, please indicate the type of coverage elected. For example, your group has Personal Choice C2F301, Select Drug Program 20/40/60 and $100 tnd 62 418.570ange are

Group