

# Application Cover Sheet

Complete the cover sheet and fax to the service center in your region. Please type or print using a medium ball point pen.

Today's Date: \_\_\_\_\_

1

## AGENT INFORMATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agent Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2

## APPLICATION INFORMATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Did you receive payment from the applicant?  Yes  No

If yes, complete the information in the Method of Payment section (Box 3).

3

## METHOD OF PAYMENT - Check (✓) the appropriate box and complete the information

Applicant paid by Credit Card Amount charged to Credit Card: \$ \_\_\_\_\_

Charge to the following:  Master Card  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

4

## SERVICE CENTER FAX NUMBERS AND ADDRESSES

Installation & Membership  
P.O. Box 3008  
Lodi, CA 95240-1912  
Fax #: 209-367-6490

*I have received an application for a Blue Shield Health Plan from the above-mentioned applicant. I agree to keep the applicant on file and will provide the original copy of it to Blue Shield of California upon request.*

\_\_\_\_\_  
*Agent's Signature*

**THE SHIELD HEALTH PLANS**



Blue Shield of California  
An Independent Member of the Blue Shield Association