

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