



**BlueCross BlueShield of Illinois**

*Experience. Wellness. Everywhere.<sup>SM</sup>*

P.O. Box 3238

Naperville, IL 60566

Fax Number: (800) 279-7419

# ONE-TIME SPECIAL ENROLLMENT FOR BlueCare<sup>®</sup> DENTAL PPO

Please complete the following information to enroll for the BlueCare Dental rider. The rider will cover the member and ALL his/her dependents, if any, who currently are covered on the health plan.

## MEMBER INFORMATION

Name of Member (please print): \_\_\_\_\_

Identification number of the member (see ID card): \_\_\_\_\_

### Contact Information:

Home Phone #: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Best time to call: \_\_\_\_\_

I understand that coverage provided under the dental rider will apply to all individuals currently covered by the health insurance plan. If any covered health individual is cancelled from the health plan or if the health plan is cancelled in its entirety, then the same action will apply to the dental rider.

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

(Mo./Day/Yr.)