

3 Easy Steps... Enrolling... Just Follow These 3 Easy Steps...

Step 1

COMPLETE THE APPLICATION IN BLUE OR BLACK INK.

Be sure you follow the instructions on the application carefully.

1. Print all pages of the application including instructions.
2. Complete all questions.

If you have any questions, or you are not sure how to answer a question, simply contact us : Tel. **(818)987-5000** fax: **(818)776-9865**

Step 2

SELECT THE TYPE OF BILLING YOU WANT – monthly (by checking Account deduction), bi-monthly (every two months) or quarterly (every three months).

Step 3

SEND THE COMPLETED APPLICATION TO:

Oleg Skurskiy
18375 Ventura Blvd. # 226
Tarzana, CA 91356

Please make your check payable to: Blue Cross

We will be in contact with you upon receipt of your completed application. We will also keep you advised of the underwriting status. Do Not Cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits from the insurance company.

If you have questions please contact us :

Oleg Skurskiy
Authorized Independent Agent
Tel.: 1-818-987-5000
Fax: 1-818-776-9865
oleg@askoleg.com

Thank you for choosing...



Monthly Checking Account Deduction Authorization

INSTRUCTIONS:

1. Complete this section.
2. Attach a blank check marked "VOID" to this form (*Deposit slips or temporary checks are not acceptable.*)
3. Submit a check for one (1) month's premium made out to BLUE CROSS OF CALIFORNIA. If the account listed below is a joint account, both account holders' signatures are required.

OPTIONAL MONTHLY CHECKING ACCOUNT DEDUCTION AUTHORIZATION.

As a convenience to me, I request and authorize YOU to pay and charge to my account checks drawn on that account by and payable to the order of BLUE CROSS OF CALIFORNIA provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize Blue Cross of California to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Blue Cross of California dues. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTE: Should your withdrawal not be honored by your bank, you automatically will be removed from Monthly Checking Account Deduction and be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction options.

Subscriber Name

Subscriber's Social Security No.

Group No.

Name on Checking Account (if different than above)

Checking Account No.

Name of Bank

Bank Address

City/State/ZIP

Joint Account Holders Authorized Signature (As it appears in the financial institution's records)

X

Date

Authorized Signature (As it appears in the financial institution's records)

X

Date

FOR BLUE CROSS USE ONLY

Group No.	Certificate No.	Agent I.D. No.	Effective Date
re-Exist	Area	By	Date

How to Enroll

- Complete and sign the attached application. *Note: The Participating Dental Office that you choose must appear on your application*
- Determine your premium from the chart below
- Choose your payment plan (page 9)
- Write a check payable to **Blue Cross of California**

Please mail your application and payment to:

Blue Cross of California

P.O. Box 9063

Oxnard, CA 93031-9063

MONTHLY	Blue Cross Dental SelectHMO		RATES
	Blue Cross Saver SelectHMO	Blue Cross SelectHMO	Blue Cross Premier SelectHMO
Single	\$9	\$13	\$16
Two Party <i>(Subscriber & spouse)</i>	\$18	\$26	\$32