

Completing your Comprehensive Dental enrollment application

We're here to help.

- » Need help completing your application?
- » Have questions?
- » Want more information?

Please call us at 800-222-7645 (TTY: 711). Calls to this number are free. Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on Thanksgiving, Christmas, and holidays and weekends from April 1 through September 30. Please leave a message and your call will be returned the next business day. Customer Service also has free language interpreter services available for non-English speakers.

Ready to enroll?

Call us at 800-222-7645 (TTY: 711)

Or

Enroll using this form.

Here are some helpful hints:

- » Use a blue or black ink pen
- » Complete a separate form for each person enrolling
- » Print your answers, except where your signature is required
- » Make sure you complete each section of the application
- » Mail your application promptly

Please do not send your payment with this application.

Return the completed form in the postage-paid envelope, or mail it to:

BCBSKS Enrollment Application Processing
PO Box 260767
Plano, TX 75026-0767

What happens next?

- » We'll bill you based on your plan choice or automatically deduct your premium from your Social Security check, if you choose that option.



Optional Comprehensive Dental Plan Enrollment Form

Available in the following counties only: Douglas, Jackson, Jefferson, Osage, Pottawatomie, Shawnee, and Wabaunsee.

Check the box to enroll in:

Optional Comprehensive Dental Plan - \$21

You may add the Optional Comprehensive Dental Plan within 60 days of enrolling in your Blue Cross and Blue Shield of Kansas Blue Medicare Advantage (PPO) or Blue Medicare Advantage Comprehensive (PPO) plan. Coverage is effective the first of the month following the date we receive your completed enrollment form.

BCBSKS member ID (if available): # _____

Medicare ID (if available): # _____

Last name:

First Name:

____/____/____ (____)
Date of Birth Phone

Street Address

____ State ZIP Code +4

I understand enrollment in the plan listed above is optional. I also understand that I must maintain my coverage in a Blue Cross and Blue Shield of Kansas Blue Medicare Advantage (PPO) or Comprehensive (PPO) plan in order to be enrolled in the optional plan selected. I will read the optional benefit plan information when I get it to know which rules I must follow and what services are covered. I further understand and agree that my signature on this enrollment form serves as my legal commitment to the plan and its terms. This signature represents my authorization for the release of information regarding services provided to me. Information can be released to practitioners and the organizations providing services for the purpose of investigation or evaluation of care in connection with a complaint. I hereby certify that I have read, or had read to me, the completed application and I realize that any false statement or misrepresentation in the application may result in loss of optional supplemental coverage under the policy.

Your signature required 

Signature Date

If you are the authorized representative, you must sign above and provide the following information:

Printed name:

____ (____)
Relationship to enrollee: Phone

Please contact Blue Cross and Blue Shield of Kansas Medicare Advantage Plans at **800-222-7645 (TTY:711)** Monday-Friday, 8 a.m. to 8 p.m. (7 days a week, 8 a.m. to 8 p.m. from October 1 through March 31) if you need help with your enrollment.