Optional Comprehensive Dental Plan Enrollment Form



for Blue Cross and Blue Shield of Kansas Medicare Advantage Plans

bcbsks.com

Available in the following counties only: Chase, Coffey, Douglas, Franklin, Geary, Jackson, Jefferson, Linn, Lyon, Miami, Morris, Osage, Pottawatomie, Riley, Shawnee, and Wabaunsee.

Section 1 – Applicant Information	
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.	
Medicare ID (if available)	
Last name	First Name
Street Address	Date of Birth Phone
City	Email
State ZIP +4	
Section 2 – Authorization	
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 If you are the authorized representative, you must sign above and	Date Signed
ii you are the authorized representative, you must sigh above and	r provide the following information.
Printed name	
Relationship to enrollee	Authorized Representative's Email
Please contact Blue Cross and Blue Shield of Kansas Medicare Advantage Plans at 800-222-7645 (TTY:711)	

8 a.m. to 8 p.m., Monday through Friday, with weekend hours Oct. 1 to March 31, if you need help with your enrollment.