





**Section E Terms and Conditions**

*Please read this section carefully before signing the application.*

1. I understand that sending my initial premium with this application, and the receipt of my payment by Anthem, does not mean that coverage has been approved. I understand that if my application is denied, my bank account or credit card will not be charged.
2. I may not assign any payment under my Anthem program.
3. I am applying for the coverage selected on this application.
4. I understand that, to the extent permitted by law, Anthem reserves the right to accept or decline this application, and that no right whatsoever is created by this application.
5. **I understand that I will have a six-month waiting period for coverage of Basic Dental services and a 12-month waiting period for coverage of Major Dental services. (For a description of Basic and Major services, please refer to your Marketing materials.)**
6. I am responsible to timely notify Anthem of any change that would make me or any dependent ineligible for coverage.
7. I understand Anthem may convert my payment by check to an electronic Automated Clearinghouse (ACH) debit transaction and that my original check will be destroyed. The debit transaction will appear on my bank statement although my check will not be presented to my financial institution or returned to me. This ACH debit transaction will not enroll me in any Anthem automatic debit process and will only occur each time I send a check to Anthem. Any resubmissions due to insufficient funds may also occur electronically. I understand that all checking transactions will remain secure, and my payment by check constitutes acceptance of these terms.
8. By signing this application, I agree and consent to the recording and/or monitoring of any telephone conversation between Anthem and myself.
9. **I understand I am applying for individual dental coverage which is not part of any employer-sponsored plan. I certify that neither I nor any dependent is receiving any form of reimbursement or compensation for this coverage from any employer. I understand that I am responsible for 100% of the premium payment and I am also responsible to ensure that premiums are paid.**
10. I acknowledge that I have read the Significant Terms, Conditions, and Authorizations, and I accept such provisions as a condition of coverage. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and belief, and I understand they are being relied on by Anthem in accepting this application. Any material misrepresentation or significant omission found in this application may result in denial of benefits or rescission or cancellation of my coverage(s).

I give this authorization for and on behalf of any eligible dependents and myself if covered by Anthem. I am acting as their agent and representative.

<b>Signature of Applicant</b> <i>(if age 18 or older or Custodial Parent's or Guardian's signature if applicant is under age 18)</i>		Date
X		
<b>Signature of Spouse</b> <i>(if to be covered)</i>		Date
X		
<b>Section F – Agent Certification</b>		
Agent Signature X <i>William J. McIlroy</i>		Date
Agent Name (please print) William J. McIlroy		Agent Email Address bill@truthbenefits.com
Agent No. A257	Agent Phone No. (888) 218-4712	Agent Fax No. (877) 434-9040



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