Anthem Blue Cross and Blue Shield
PO Box 9041
Oxnard, CA 93031-9041

Qualifying Event Questionnaire

Please fill out a separate form for each applicant under the age of 19.

Name of applicant: _____

Application ID: _____

1. Within 30 days of Anthem's receipt of the application, has the applicant lost employer-sponsored health insurance coverage or lost eligibility under the Colorado Medical Assistance Act or the Children's Basic Health Plan? YES ☐ NO ☐

2. Within 30 days prior of Anthem's receipt of the application, has the applicant involuntarily lost other existing coverage for any reason other than fraud, misrepresentation or failure to pay premium?
   YES ☐ NO ☐

3. Within 30 days of Anthem's receipt of the application, has the applicant lost health insurance coverage due to dissolution of a marriage (divorce)? YES ☐ NO ☐

4. Within 30 days of Anthem's receipt of the application, has the applicant been married?
   YES ☐ NO ☐

5. Within 30 days of Anthem's receipt of the application, has there been an entry of a valid court or administrative order that requires that the applicant be covered under a policy of health insurance?
   YES ☐ NO ☐

6. Is the date of the applicant's adoption within 30 days of Anthem's receipt of the application?
   YES ☐ NO ☐

7. Is the applicant's date of birth within 30 days of Anthem's receipt of the application?
   YES ☐ NO ☐

_____	_____	_____
Applicant's Signature if 18 years of age or older	Date	Print Applicant's Name
_____	_____	_____
Legal Guardian's Signature if Applicant is under 18 years of age	Date	Print Legal Guardian's Name

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