BlueCross BlueShield
Federal Employee Program

If you are adding an eligible dependent(s) to an **existing self and family coverage**, please provide the appropriate documentation along with the completed Enrollment Form attached. If you do not currently have a policy with us or are changing from a self to a self and family coverage, you must complete an SF2809 or process your request through your agency self-service enrollment system to make this change.

Note: Eligible dependents must be added during Open Season from November 8, 2010 through December 13, 2010. In order for eligible dependents to be enrolled for January 1, 2011, Blue Cross Blue Shield of Massachusetts must receive the Enrollment Form and required documentation on or before December 13, 2010.

If Your Dependent	Completed Enrollment Form	Birth Certificate Required	Evidence of Name Change* Required
Was not previously on your policy and has the same last name as the subscriber	√	√	
Was not previously on your policy and has a different last name than the subscriber	√	√	√
Was previously covered under your policy and their name has not changed	√		
Was previously covered under your policy but is re-enrolling with a different last name than what they previously had	√		√

*Evidence of name change may include a marriage certificate, Social Security card, or court order, as applicable.

Ensuring that you submit the appropriate documentation along with the completed Enrollment Form will help prevent any delay in enrolling your dependent. If you have any additional questions or concerns, please contact FEP Member Service at the telephone number listed on the back of your ID card.

BlueCross BlueShield
Federal Employee Program

ENROLLMENT FORM
ELIGIBLE DEPENDENT UP TO AGE 26

If you are adding eligible dependent(s) up to age 26 to an **existing self and family coverage,** please provide the following information for each eligible dependent. Please be sure to sign and date the form along with applicable documentation and mail or fax to Blue Cross Blue Shield of Massachusetts.
Please keep a copy for your records.
Eligible dependents must be added during Open Season: November 8, 2010 through December 13, 2010. In order for eligible dependents to be enrolled for January 1, 2011, Blue Cross Blue Shield of Massachusetts must receive this form on or before December 13, 2010.

SUBSCRIBER INFORMATION

Blue Cross Blue Shield ID #: R _____

Subscriber Name: _____

Street Address: _____

City, State, Zip: _____ Home Phone: _____

ELIGIBLE DEPENDENT INFORMATION

Dependent Name: _____ ☐ Natural Child ☐ Step-child ☐ Other

Date of Birth: ____/____/____ Social Security Number: ____-____-_____ ☐ New Enroll ☐ Re-enroll

Other Dental or Medical Coverage Name_____ Id#: _____

Dependent Name: _____ ☐ Natural Child ☐ Step-child ☐ Other

Date of Birth: ____/____/____ Social Security Number: ____-____-_____ ☐ New Enroll ☐ Re-enroll

Other Dental or Medical Coverage Name_____ Id#: _____

Dependent Name: _____ ☐ Natural Child ☐ Step-child ☐ Other

Date of Birth: ____/____/____ Social Security Number: ____-____-_____ ☐ New Enroll ☐ Re-enroll

Other Dental or Medical Coverage Name_____ Id#:_____

Subscriber Signature: _____ **Date:** _____

Complete, sign and mail or fax this form to:

Fax: 617.246.7485

Mail: Blue Cross Blue Shield of Massachusetts, Federal Employee Program
Enrollment Department
PO Box 55380
Boston, MA 02205