

**Addendum to Individual Applications**

**PLEASE RETURN THIS FORM FOR EACH INDIVIDUAL APPLICATION  
SUBMITTED TO ANTHEM BLUE CROSS/ANTHEM BLUE CROSS LIFE AND  
HEALTH INSURANCE COMPANY**

**Fax: (805) 713-8829**

**Mail: Individual Services  
P.O. Box 9041  
Oxnard, CA 93031-9041**

**A new law became effective January 1, 2009 (AB 2569) which requires all agents/brokers to submit an attestation with each submitted application. As an agent or representative who is submitting this application to Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company, you have the duty to assist the applicant in providing answers to health questions accurately and completely.**

---

To the best of my knowledge, the information on this application is complete and accurate. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understood the explanation.

Notice: If you state as an agent any material fact that you know to be false, you are subject to a civil penalty of up to ten thousand dollars (\$10,000), as authorized under California Health and Safety Code 1389.8(c).

\_\_\_\_\_  
Signature of Agent (*required*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Agent Telephone Number

\_\_\_\_\_  
Name of Primary Applicant

\_\_\_\_\_  
Applicant's Social Security or ID No.