



You (and/or your spouse) may qualify for
a better rate
 if you can answer **YES** to the following:

Circle your answers accordingly.

	Husband / Male	Wife / Female
1. Are you an applicant and or spouse and at least 18 years of age?	YES	YES
2. Have you been a non-tobacco user for three years or longer?	YES	YES
3. Do you exercise regularly?	YES	YES
4. Excellent health with no on-going medical conditions?	YES	YES
5. Does your build fall within the guidelines below? (In the chart below, circle your height and weight)	YES	YES

MALES

Height	Weight No greater than	Height	Weight No greater than
5' 0	151	5' 10	185
5' 1	153	5' 11	189
5' 2	155	6' 0	193
5' 3	158	6' 1	197
5' 4	161	6' 2	202
5' 5	165	6' 3	207
5' 6	169	6' 4	212
5' 7	173	6' 5	217
5' 8	177	6' 6	222
5' 9	181	6' 7	227
		6' 8	232

FEMALES

Height	Weight No greater than	Height	Weight No greater than
4' 8	124	5' 7	158
4' 9	127	5' 8	162
4' 10	130	5' 9	166
4' 11	133	5' 10	170
5' 0	136	5' 11	174
5' 1	138	6' 0	178
5' 2	140	6' 1	182
5' 3	143	6' 2	187
5' 4	146	6' 3	192
5' 5	150	6' 4	197
5' 6	154		

Husband /Male Signature and date	Wife / Female Signature and date
_____	_____
Social Security Number _____	Social Security Number _____
All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Anthem Blue Cross and Blue Shield will rely on these statements when determining the premium rate charged.	

In Indiana Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
 In Kentucky Anthem Blue Cross and Blue Shield is the trade name of Anthem health Plans of Kentucky, Inc.
 In Ohio Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company
 Independent licensees of the Blue Cross and Blue Shield Association.
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SUBMIT THIS PAGE WITH YOUR APPLICATION