

Fohn Bendele Inc.

Application Instructions for Blue Cross and Blue Shield of Texas

1. Print all pages of the application including instructions
2. Complete all questions and sections of the application.
3. Complete the fax cover letter on the next page and fax to Fohn Bendele Inc. for review along with the completed application. If you do not have access to a fax machine, send the completed application to Fohn Bendele Inc. along with \$30 non refundable application fee (does not apply to the Foundation Hospital Care or SelecTemp Plans) and required first month's payment.

HELPFUL TIPS:

Here is a checklist of a few things that are commonly overlooked and are mandatory in processing your application.

- Indicate your requested effective date.
- Select your preferred billing method.
- Sign and date the application.

IMPORTANT:

If you have requested that your monthly premium be deducted automatically from your checking account, you must attach a voided check to the area provided and also complete, sign, and date the authorization form.

Don't forget to **enclose a check for the required payment made payable to Blue Cross and Blue Shield of Texas**

Mail completed applications and check to:

Fohn Bendele Inc.
Attn: New Enrollment
PO Box 100
1208 17th Street
Hondo, TX 78861

Fohn Bendele Inc. will review your application for completeness and accuracy before we submit it to Blue Cross and Blue Shield of Texas for processing. This may reduce the approval time because they cannot process unclear or incomplete applications until the missing information has been gathered.

Please contact us if you have any questions regarding the application or the application process. You may reach us at 830-741-2180 or e-mail us at bendelef@yahoo.com.

Norvax form #IN-1

Fohn Bendele Inc.

FAX COVER LETTER

(Please ignore this form if you do not have access to a fax machine.)

****Please FAX this cover letter with the completed application to:**

Fohn Bendele Inc.

FAX# 830-426-8437

Dear Fohn Bendele Inc.,

Please accept my completed application for submittal and contact me to confirm receipt of this application

Name _____

E-mail _____

Date _____

Time _____

Please contact me at this phone number _____
after you have reviewed my application for completeness and accuracy.

I will contact Fohn Bendele Inc. at 830-741-2180 to verify receipt of my application.

****I understand that Fohn Bendele Inc. will not review this application until the following business day if I faxed this application after 5:00PM or on a weekend**

I understand that the original, signed application and premium payment must still be mailed to Fohn Bendele Inc. :

Fohn Bendele Inc.

Attn: New Enrollment

PO Box 100

1208 17th Street

Hondo, TX 78861

I will send the original, signed application and premium payment, as soon as I have been contacted by Fohn Bendele Inc. with confirmation that my application has been received by fax and reviewed for completeness.