

## *SAMPLE Enrollment Request Letter*

*Please complete this letter on your company letterhead and fax back to Alison Eckis at 804-794-9077  
(If you would like this letter emailed to you, call Alison at 804-794-8000)*

Anthem BlueCross BlueShield  
2015 Staples Mill Rd.  
Richmond, VA 23230

Re: Group # \_\_\_\_\_ (appears on your current card)

Dear Anthem:

Please enroll my current Anthem Group Health Plan into the Home Builders Association of Virginia's (HBAV Code 419) *Value Added Benefits* plan upon my renewal date. My renewal date is \_\_\_\_\_ (if known). It is my understanding that enrollment into HBAV's *Value Added Benefits* plan will have NO impact on my premium cost, and I will receive the additional Anthem health benefits **free of charge**.

Thank you in advance for your prompt attention to this request.

Sincerely,

(Signature)

CC: Home Builders Association of Virginia (Assoc Code #419)