

Transfer Application *(To be used for current Blue Cross of Idaho enrollees)*

Complete every section in ink. Incomplete information will delay the processing and effective date of this application.



Requested Effective Date _____ Current Blue Cross of Idaho Identification Number _____

Applicant Information						
Your Name <i>(first, initial, last)</i>	Social Security Number	Date of Birth	Age	Weight	Height	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		City, State, Zip Code				
Name of Employer	Preferred Phone Number	Alternate Phone Number	E-mail Address			
Idaho resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced				

Dependent Information							
List all eligible dependents you wish to enroll, including any child who is under the age of 26; or who is medically certified as disabled and dependent on parent for support (copy of certification required).							
Dependent's Name <i>(first, initial, last)</i>	Social Security Number	Relationship <i>(spouse, child, stepchild)</i>	Date of Birth	Age	Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent's Name <i>(first, initial, last)</i>	Social Security Number	Relationship <i>(spouse, child, stepchild)</i>	Date of Birth	Age	Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Program Information																																																																			
These programs are considered "non-creditable" according to Medicare Part D prescription drug requirements. Creditable prescription drug coverage is that which, on average, is expected to pay out as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage is that which, on average, is not expected to pay out as much as the standard Medicare prescription drug coverage.																																																																			
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*Essential Blue is a Limited Benefit Health Plan. Benefits are not intended to cover all medical expenses.																																																																			

Payment Options
<input type="checkbox"/> Automatic monthly bank withdrawal <i>(authorization form will be sent to you – \$2.00 monthly service fee will apply until authorization is received)</i> <input type="checkbox"/> Monthly – direct <i>(payment must include \$2.00 monthly service fee)</i>

Parental or Guardian Consent For Applicant If Under Age 18								
I, the undersigned, represent that the person listed as the applicant on this application is under 18 years of age and is making application for Blue Cross of Idaho health coverage with my full knowledge and consent. I hereby accept full responsibility for the payment of premiums and for the answers and information provided in this application.								
<table border="0"> <tr> <td>X _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><i>Signature</i></td> <td><i>Date</i></td> <td><i>Print Name</i></td> <td><i>Relationship</i></td> </tr> </table>	X _____	_____	_____	_____	<i>Signature</i>	<i>Date</i>	<i>Print Name</i>	<i>Relationship</i>
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Independent Producer's Name _____	BCI # _____					
For Office Use Only						
Program No.	Enrollee ID	Effective Date	Cr Days	End Date	Class	Plan
Reason Code	Smoker	RL	Rate	Pmt Option	App ID	Auditor
EBS Use Only						

Health Statement

If the answer to any of the following questions is YES, please give the details, including patient's name, health condition(s) and applicable dates.

Suffered from or been diagnosed with any chronic conditions, illnesses or departures from good health, regardless of whether a health care provider was consulted? Yes No

Ever been diagnosed or treated for any of the following: high blood pressure, diabetes, high cholesterol, heart condition, cancer, mental nervous disorder, digestive disorder, immune disorder, renal or kidney disease, respiratory disease, or stroke? Yes No

Used a tobacco product during the past 12 months? If Yes, list name(s) and if applicable, quit date(s). Yes No

Is any person listed on this application now pregnant? If Yes, list due date(s) and any anticipated complications. Yes No

Received a prescription for medication or used any prescribed medication during the last 12 months? If Yes, give the person's name, prescribed medication, and associated condition. Yes No

Statement of Understanding

- No independent producer, agent or employee of the insurance carrier can change any part of this application or waive the requirement that I answer all questions completely and accurately.
- The insurance carrier may terminate or rescind an insured's coverage for any misrepresentation or omission of fact by, concerning, or on behalf of any insured that was or would have been material to the insurance carrier's acceptance of a risk, extension of coverage, provision of benefits or payment of any claim.
- If this application is approved, coverage for me and any eligible persons named on this application will begin on the effective date assigned by the insurance carrier.
- I understand that this application will become part of the contract between the insurance carrier and me.
- I affirm that I have reviewed all answers given on this application and, regardless of whether an independent producer or other person has filled out the answers for me, I verify that the answers are true and complete.
- For individuals enrolled in a grandfathered policy effective prior to January 1, 2014, the following preexisting condition exclusion will be applied:
"A preexisting condition is (i) a condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the effective date of coverage; (ii) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage; or (iii) a pregnancy existing on the effective date of coverage."

This exclusion may last up to 12 months from your first day of coverage; however, the exclusion period will be reduced by the number of days of your prior "creditable coverage." Most prior health coverage is considered creditable coverage and can be used to reduce the preexisting condition exclusion period if you have not experienced a break in coverage of 63 days or more.

This preexisting condition exclusion does not apply to a child who is enrolled in the plan within 60 days after birth, adoption, or placement for adoption.

The preexisting condition exclusion defined above will not be applied to individuals under the age of 19 years who are enrolled in a non-grandfathered plan, beginning with renewals on or after September 23, 2010, as provided in the Patient Protection and Affordable Care Act (PPACA).

If selecting the Essential Blue Policy: The Essential Blue policy provides limited benefits. Review your policy carefully.

Statement of Understanding Acknowledgement

I acknowledge that I have read the Statement of Understanding. By signing this application, I represent that all my answers are complete and accurate, and that I understand and agree to the conditions set forth:

X

Applicant's Signature
(Parent or Guardian's signature if applicant is under age 18)

Date

Spouse's Signature
(If listed on the application)

Date

Medicare Part D Creditable / Non-creditable

Blue Cross of Idaho's individual products are categorized as "creditable" or "non-creditable" for purposes of Medicare Part D. If you are a person nearing age 65 or an individual under 65 who is entitled to Medicare, the creditable/non-creditable information is important to you.

When you become eligible for Medicare, you can enroll in Medicare Part D. If you do not sign up when first eligible, you may generally enroll between November 15 and December 31 of each year.

If you do not sign up when first eligible and/or if you go 63 days or longer without prescription drug coverage that is creditable (at least as good as the standard Medicare prescription drug coverage), you may have to pay a higher monthly premium.

- The higher premium is based on the number of months you did not have creditable coverage.
- The penalty is 1% per month without creditable coverage. For instance, if you went 19 months without creditable coverage and then signed up for Medicare Part D, your premium would be 19% higher than the premium rate at the time you sign up.

Creditable prescription drug coverage is that which, on average, is expected to pay out as much as the standard Medicare prescription drug coverage.

Non-creditable prescription drug coverage is that which, on average, is **not** expected to pay out as much as the standard Medicare prescription drug coverage.