



BLUE CROSS ENROLLMENT FORM

WORKSHEET INSTRUCTIONS

This dual application is for the purpose of enrolling in health, dental and other non-health products such as life coverage. The information on this application, except for health history and health status, will be shared with the non-health components of our parent company for the purpose of underwriting, maintaining enrollment and billing services.

SECTION I: PERSONAL INFORMATION

Requested information is required.

SECTION II: SELECTED COVERAGE

Check the appropriate boxes. Requested information is required.

SECTION III: EMPLOYEE & FAMILY INFORMATION

Requested information is required.

Please check the Totally Disabled box only if the condition prohibits you/your dependent from working or performing daily activities.

For Blue Cross HMO/Blue Cross POS/Blue Cross Preferred HMO members only: Each person listed must receive all medical care through the Medical Group or Independent Practice Association he or she has selected in order to receive the HMO benefit, and must live or work within the service area of the group selected. Select a Primary Care Physician from the listing in your Provider Directory. You must indicate the Primary Care Physician number which is listed below the physician's name or after the address. (If you select an IPA, you must select a Primary Care Physician from within the IPA.)

For Dental Net and Blue Cross Dental SelectHMO only: Each family member needs to select a dental office.

SECTION IV: DO YOU OR YOUR DEPENDENTS HAVE OTHER HEALTH CARE COVERAGE?

Please fill in requested information if applicable.

SECTION V: LIFE INSURANCE

Please fill in requested information if applicable. Be sure to designate a beneficiary. If you decline coverage at this time and later decide to apply for coverage, you will be subject to the rules governing late applicants.

SECTION VI: PRIOR COVERAGE FOR PPO (Prudent Buyer or BlueCard) PLANS ONLY

Please fill in requested information if applicable.

SECTIONS VII - XI: PLEASE READ CAREFULLY – SIGNATURE IS REQUIRED

Non-Participating Provider Agreement, Arbitration Agreement, please read.