



BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

APPLICATION FOR ENROLLMENT

**For Groups with 51 or more
Employees and Binding Arbitration**

The person completing this application should keep the copy labeled “Employee Copy” and carefully read the information on the reverse side regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Women’s Health and Cancer Rights Act Notice.

450 Riverchase Parkway East • PO Box 995
Birmingham, AL 35298-0001

EMPLOYEE INFORMATION

DR. MR. MRS. MS.

HEALTH GROUP NO.*

HEALTH DIV. NO.*

DENTAL GROUP NO.*

DENTAL DIV. NO.*

LAST NAME*

FIRST NAME*

MAIDEN/MIDDLE NAME

SUFFIX (JUNIOR, SENIOR)

SOCIAL SECURITY NUMBER*

MAILING ADDRESS*

CITY

STATE

ZIP

PHONE NUMBER

HOME

WORK

CELL

E-MAIL ADDRESS (Optional)

MALE FEMALE

DATE OF BIRTH (MM/DD/YYYY)*

EMPLOYEE NUMBER

MARITAL STATUS (MARK ONE)

SINGLE MARRIED DIVORCED WIDOWED

TYPE OF MEDICAL COVERAGE SELECTED*

INDIVIDUAL FAMILY OTHER

TYPE OF DENTAL COVERAGE SELECTED* (only applies if division number is different)

INDIVIDUAL FAMILY OTHER

LIST ALL DEPENDENTS ELIGIBLE UNDER THIS CONTRACT AND PROVIDE SOCIAL SECURITY NUMBER.

NOTE: The Social Security Number for the employee and all dependents must be provided in order for this application to be processed.

LAST NAME*

FIRST NAME*

MAIDEN/MIDDLE NAME

SUFFIX (JUNIOR, SENIOR)

SOCIAL SECURITY NUMBER*

RELATIONSHIP

SPOUSE OTHER MALE FEMALE

GENDER

DATE OF BIRTH (MM/DD/YYYY)

LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX (JUNIOR, SENIOR)

SOCIAL SECURITY NUMBER

RELATIONSHIP

CHILD OTHER MALE FEMALE

GENDER

DATE OF BIRTH (MM/DD/YYYY)

LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX (JUNIOR, SENIOR)

SOCIAL SECURITY NUMBER

RELATIONSHIP

CHILD OTHER MALE FEMALE

GENDER

DATE OF BIRTH (MM/DD/YYYY)

LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX (JUNIOR, SENIOR)

SOCIAL SECURITY NUMBER

RELATIONSHIP

CHILD OTHER MALE FEMALE

GENDER

DATE OF BIRTH (MM/DD/YYYY)

IMPORTANT DISCLOSURE NOTICE

Notice of Group Health Plan Special Enrollment Rights

If you are declining enrollment for health plan benefits for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose coverage under Medicaid or a State Children's Health Insurance Plan (SCHIP) because of loss of eligibility for coverage, you may be able to enroll yourself and your dependent in this plan. You may also be able to enroll in this plan if you or your dependent become eligible for premium assistance under Medicaid or SCHIP for coverage under this plan. However, you must request enrollment within 60 days of any such event.

To request special enrollment or obtain more information, contact your employer at the telephone number or address listed for your employer in this enrollment application.

Notice of Group Health Plan Pre-existing Conditions Exclusion

This group health plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before enrolling in this plan, you might have to wait a certain period of time before this plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before the day coverage becomes effective. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this pre-existing condition exclusion period by the number of days of your prior "creditable coverage" so long as you have not had a break in coverage of at least 63 days. Most prior health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, U.S. Military, TRICARE, State Children's Health Insurance Program (SCHIP), Federal Employee Program, Peace Corps Service, a state high risk pool, or a public health plan established or maintained by a State, U.S. Government, foreign country or any political subdivision of a State, U.S. Government or foreign country. You may request a certificate of creditable coverage from a prior plan or issuer. There are also other ways that you can show you have creditable coverage.

To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should attach a copy of any certificates of creditable coverage or other documentation you have to this enrollment application. If you do not have a certificate of creditable coverage, but you do have prior health coverage, Blue Cross and Blue Shield of Alabama will help you obtain one from your prior plan or issuer, if necessary.

All questions about pre-existing condition exclusions and creditable coverage should be directed to your employer at the telephone number and address listed for your employer in this enrollment application.

Even if you have no pre-existing conditions, benefits may not be available under other provisions of the plan. For example, the services may be excluded or may require preapproval. Be sure to read your Summary Plan Description for details.

Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for mastectomies to also provide coverage for reconstructive surgery and prostheses following mastectomies. A participant or dependent who is receiving benefits in connection with a mastectomy will also receive coverage for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications of the mastectomy, including lymphedema.

