



BLUE CROSS

P.O. Box 91059
Seattle, WA
98111-9159
www.premera.com

MEMBER ENROLLMENT AND CHANGE APPLICATION

1. GROUP INFORMATION (to be completed by the group)
Group ID, Group name, Reason, Date of event
Employee class, Employee job title, Employee date of hire, Date employee entered eligible class, Effective date
If COBRA, indicate number of months eligible for coverage... If State Continuation (COC), eligible period of coverage cannot exceed 3 months.
2. EMPLOYEE INFORMATION (employee to complete sections 2 through 4)
Employee name (Last, First, MI), Married/Unmarried, Daytime phone, E-mail address (Required)
Home address, City, State, ZIP, Mailing address (if different than home address), City, State, ZIP
3. ENROLLMENT INFORMATION
Plan choice: Buy-Up, Core
NOTE: In order for dependents to qualify for a benefit selection, the employee must select the same benefit.
Please indicate each member's name as you would like it to appear on the ID card. ID card names are limited to 26 characters and spaces.
Table with columns: Add, Drop, Relationship to Employee, Last Name, First Name, MI, Social Security No., Date of Birth, Gender (Male, Female), Benefit Selection (Medical, Vision)
Does a dependent have a different mailing address?
Is any child over the dependent age limit applying for coverage due to disability?
Will any applicant have other current health coverage including Medicare or Premera, which will remain in effect when your Premera coverage begins?
4. EMPLOYEE SIGNATURE
In applying for enrollment as indicated on this application, I declare that to the best of my knowledge, all of the information on this form is true and complete, and all of the persons for whom I am requesting enrollment are eligible for coverage. I have also read and understand the provisions as stated on the reverse side. The changes on this form supersede all previous forms submitted.
Employee signature, Date signed
Please note: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

## **PREMERA PRIVACY POLICY**

We may collect, use, or disclose personal information about you, including health information, your address, telephone number or Social Security number. We may receive this information from, or release it to, healthcare providers, insurance companies, or other sources to conduct our routine business operations such as: underwriting and determining your eligibility for benefits and paying claims; coordinating benefits with other healthcare plans; conducting care management, case management, or quality reviews. This information may also be collected, used or released as required or permitted by law.

To safeguard your privacy and ensure your information remains confidential, we train all employees on our written confidentiality policy and procedures. If a disclosure of your personal information is not related to a routine business function, we will remove anything that could be used to easily identify you, unless we have your prior authorization to release such information.

You have the right to request inspection and/or amendment of your records retained by us.

To view or print copies of our detailed Privacy Notice and other forms, please visit our website at [premera.com](http://premera.com). To have forms mailed to you, please call the number below.

## **SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or dependents (including your spouse) because of other healthcare coverage, you may in the future enroll yourself or your dependents in this plan prior to the next open enrollment period. To do this, you must have involuntarily lost your other coverage and we must receive your enrollment application within 30 days after your other coverage ended (60 days if the prior coverage was through Medicaid or CHIP). Additionally, 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 dependents, provided we receive your completed enrollment application within 30 days after the marriage, birth, adoption, or placement for adoption, unless a different time limit has been specified in your benefit booklet.

## **LATE ENROLLEES**

A "Late Enrollee" is an individual or family dependent who did not enroll when first eligible for coverage under this plan and does not qualify as a Special Enrollee. If you or your dependents are Late Enrollees, you or your dependents may enroll during the next occurring Annual Group Enrollment Period.

## **CREDITABLE COVERAGE**

"Creditable Coverage" means prior or ongoing healthcare coverage including any group healthcare coverage (including the Federal Employees Health Benefits Plan and the Peace Corps), individual healthcare coverage (including student health plans), Medicare, Medicaid, CHAMPUS, Indian Health Service or tribal organization coverage, state high-risk pool coverage, state Children's Health Insurance Programs (CHIP), a public health plan established or maintained by a State, the U.S. government, a foreign country, or any political subdivision of a State, the U.S. government, or a foreign country that provides health coverage to individuals who are enrolled in the plan.

**If you have any questions about the information included in this notice, please call us at 1-800-722-1471.**

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.  
**Español (Spanish):** Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).  
**中文 (Chinese):** 本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。