



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

BLUE MEASURE MEMBERSHIP APPLICATION

EMPLOYEE INFORMATION (Please Print)

1. Name (Last, First, MI): 2. Birthdate: 3. Male Female 4. Address: (Street) (City) (State) (ZIP) 5. Employee Social Security Number: 6. Phone: 7. Email (Required): 8. Name of Employer: 9. Group Number: 10. Effective Date of Action Requested:

REASON FOR APPLICATION

11. New Member - Full-time employee working an average of 30 hours per week? Coverage Change - Reason for Change: Cancellation - Date Left Employment: Reinstatement - Reason: COBRA/State Continuation: Sponsored Membership - Sponsored Member's Social Security Number:

COVERAGE INFORMATION

Plan Name:

12. MEDICAL ELECTION

Employee Only Employee/Spouse Employee/Child(ren) Family No Medical Coverage Due To: Explain Other (05):

ENROLLMENT INFORMATION (List all individuals to be covered.)

Table with 7 columns: 13., Last Name, First Name, Birthdate (mm/dd/yyyy), Male or Female, Social Security Number, Other Insurance Yes, No. Rows for Spouse and Child.

OTHER COVERAGE INFORMATION

14. If you or any of your family members have other health (including Medicare), dental or drug coverage other than with this employer, what is the name of the insurance company and the policyholder's ID number?:

EMPLOYEE CERTIFICATION Authorization to Release Information and Statement of Understanding

I authorize release to Blue Cross and Blue Shield of South Carolina (BlueCross) or its representatives all past and future medical records for myself and eligible dependents and other information deemed necessary by BlueCross to review, process or investigate claims.

If I do not elect to receive coverage under the group plan offered by my employer and currently do not have other health insurance coverage, I understand that if I wish to enroll later, I will be excluded from coverage for up to 12 months.

Blue Cross and Blue Shield of South Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Signature: Date: