

**Tips for Completing the Enrollment and Change Application
with health questions (ENROLL1, 4/08)**

December 10, 2008

Effective this month, Blue Cross and Blue Shield of North Carolina (BCBSNC) has a new member enrollment and change form for employer groups with 1-24 employees (ENROLL1, 4/08). Employees should complete this form if they are:

- enrolling themselves or their dependents in this group policy during their employer group's initial enrollment period
- new hires who are eligible for this group policy
- making changes from their previous enrollment as specified in section A

Please note the tips below to ensure proper completion of the new form.

Tips for completing:

A., B. and C.

Employees should complete all sections fully.

Tips for completing:

D. FAMILY INFORMATION

Employees should not skip section D, even if they are not enrolling their dependents onto a medical or dental policy. The following fields in section D are required:

- employee social security number
- employee marital status
- employee birth date
- employee sex (gender)
- employee height and weight

These fields previously appeared in the "EMPLOYEE INFORMATION" section.

Tips for completing:

E. OTHER HEALTH/DENTAL INSURANCE INFORMATION

Employees should include information about health and dental policies they have had in the past 12 months. This is how BCBSNC determines if the employee will receive credit for prior coverage.

Employees should also list additional policies that will continue to be in-force after the employee has enrolled in this new policy. This is how BCBSNC determines how to coordinate benefits with the employee's other insurance carriers.

Tips for completing:

F. LEGAL NOTICES

Employees should read this section. If employees do not understand any portion of this section, they can contact BCBSNC Customer Service at the number indicated in section F.

Tips for completing:

G. HEALTH QUESTIONS

Health Applicants: Employees enrolling in a group health policy should complete this section fully, EXCEPT in the following circumstances:

- The employee is a new hire enrolling after the group enrollment period
- The employee is enrolling after the group enrollment period and is eligible according to the "Notice of Special Enrollment" in section F

USAbLe Life Applicants: Employees enrolling in a group USAbLe Life policy should ONLY complete this section in the following circumstances:

- The employee is enrolling himself or his dependents after his initial eligibility period has ended (i.e., the employee is a late addition to the policy)
- The employee is applying for coverage over the guaranteed issue amount

Employees enrolling in a group USAbLe Life policy are not required to complete this section if they are enrolling during their initial eligibility period, or if they are applying for the guaranteed issue amount of coverage.

Tips for completing:

H. COVERAGE SELECTION FOR PRODUCTS UNDERWRITTEN BY USAbLe LIFE

Employers should inform their employees which, if any, of these products are available to their employees. Employees interested in enrolling in one of these products must **sign and date** this section.

Tips for completing:

I. STATEMENT OF UNDERSTANDING

Employees must **sign and date** this section in order to be eligible for enrollment in a BCBSNC health policy or a USAbLe Life policy.

Tips for completing:

J. STATEMENT OF AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

The "Signature of Primary Applicant or Legal Personal Representative" and the "Name of Legal Personal Representative and Relationship," if applicable, are required fields.



The “Signature of Spouse” and “Signature of Adult Dependent(s)” are only required when the dependent is applying for dependent Life coverage outside of the eligibility period. In this case, they are also required to complete section G: HEALTH QUESTIONS on the application.

We welcome your feedback

We are always working to improve the clarity and effectiveness of our form documents, and your feedback is important in achieving that goal.

If you have any questions or comments about this communication, please contact your BCBSNC group representative.

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