
Tips for Completing the Enrollment and Change Application (ENROLL2, 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 25 or more employees (ENROLL2, 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)

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

The following fields are **not required** for a health policy, but they are required in the case of an employee enrolling in a Life policy outside of the eligibility period (late additions).

- employee height and weight

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. 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:

G. 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:

H. 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 the LIFE INSURABILITY QUESTIONNAIRE in section F of this 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.

Blue Cross and Blue Shield of North Carolina
Your Plan for Better Health.

An independent licensee of the Blue Cross and Blue Shield Association.

® Mark of the Blue Cross and Blue Shield Association.

SM Mark of Blue Cross and Blue Shield of North Carolina.