



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E. Cottonwood Parkway
PO Box 30270
Salt Lake City, Utah 84130-0270

Individual Application Cover Sheet
(to be used with the individual application)

SECTION 1 - GENERAL INFORMATION

Applicant's Name (please print) _____

Spouse's Name _____ Maiden Name (if applicable) _____

SECTION 2 - EFFECTIVE DATE

Upon approval, unless otherwise indicated, the effective date will be the first of the month following receipt of an application. However, applications that are incomplete or require additional information may receive a later effective date. Only the first of the month effective dates are permitted.

Requested Effective Date _____

SECTION 3 - PLAN SELECTION (Detailed benefit information can be found online at www.regence.com)

Select ONE medical plan and ONE provider network

Table with 5 columns representing different plan options (Option 1 to Option 5) and their respective deductibles and provider network choices.

SECTION 4 - PRIOR POLICY INFORMATION

To the best of your knowledge, has anyone been denied health or life insurance or been issued a modified or rated policy?

[] Yes [] No If yes, provide details _____

SECTION 5 - ACKNOWLEDGEMENT

By signing the attached Individual Application, you understand and agree to the terms and conditions set forth on this coversheet as well as the terms and conditions set forth on the attached application.

SECTION 6 - YOUR PRIVACY

For information about the use and disclosure of health information, including uses and disclosures required by law, please refer to the Regence Consumer Privacy Notice. A copy is available on our Web site at www.regence.com.

SECTION 7 - PREMIUM BILLING OPTIONS (if application is approved)

APPLICANT: DO NOT INCLUDE PREMIUM WITH APPLICATION

Please indicate one billing option:

- SurePay Monthly Checking Account Deduction** (complete form below)
- SurePay Monthly Savings Account Deduction** (if you are authorizing withdrawals from your savings account, you will be billed and required to submit premium payments, until such time that scheduled deductions can start)
- Monthly Bill** (additional \$5 per month will be charged)
- Quarterly Bill** (every three months)

SECTION 8 - SurePay AUTHORIZATION FORM

SurePay is a simple and convenient way to keep your health coverage in force. If you select the SurePay option of paying for your Regence BlueCross BlueShield of Utah health insurance, the payment will be deducted automatically on the draft date noted below. This will provide several advantages to you:

- ◆ Your payment will always be made on time (if funds are available in your account).
- ◆ You won't have to worry about your coverage accidentally lapsing due to overlooked payments.
- ◆ Your monthly bank statement will show a withdrawal notation. This will serve as receipt of payment.
- ◆ Claims will be paid promptly due to your policy always being paid current.

GETTING STARTED IS EASY:

1. Complete, date and sign the authorization below.
2. If premium will be deducted from a checking account, write "void" on one of your checks and return the completed form and your "voided" check, *OR*
3. If your premium will be deducted from a savings account, include a deposit slip and return the completed form and your deposit slip.

SOME SUGGESTIONS:

If you change your bank, wish to cancel your automatic deduction or make changes to your current policy:

- ◆ Requests must be received 15 days before your next premium is due.
- ◆ When changing your bank, send us a copy of your new "voided" check (if deducted from a checking account) or deposit slip (if deducted from a savings account) and a note explaining that you have changed banks or have the Bank Account Holder contact our office and we can make this change by phone. We suggest you leave enough money in your old bank account to cover your payment in case there is a delay in processing this change.
- ◆ Changes to your policy may result in an increase or decrease in premium.

Please indicate the date you would like your premium drafted from your account.

- 5th of the month
- 16th of the month

Please Note - Any policy changes received within 15 days of withdrawal date may not be reflected until the next month's SurePay withdrawal.

1. **Complete** and sign this authorization form if you selected SurePay (monthly automatic bank deduction) as your billing option.
2. **Attach** your voided check for automatic premium deduction from a checking account, *OR*
3. **Include** a deposit slip for automatic premium deduction from a savings account.

AUTHORIZATION TO MY BANK

Checking Account **Savings Account**

As a convenience and on behalf of the Account Holder identified below, I/we hereby request and authorize you to pay and charge to the account identified below, checks or electronic debits drawn on the account by and payable to the order of Regence BlueCross BlueShield of Utah, Salt Lake City, Utah. I/we agree that your rights to each such check or electronic debit shall be the same as if it were an actual check drawn on you and signed by me/us. This authority is to remain in effect until revoked by me/us in writing, and until you actually receive such notice, I/we agree that you shall be fully protected in honoring any such check. I/we further agree that if any checks or electronic debits are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. A photocopy of this executed authorization shall be as valid as the original.

Financial Institution	Transit/Routing Numbers	Account Number

_____ Account Holder's Name (please print)	_____ Account Holder's Phone Number
_____ Account Holder's Authorized Signature(s) - as it appears on bank records	_____ Date

**Please return this application to:
Regence BlueCross BlueShield of Utah
PO Box 30270, Dept 23
Salt Lake City, UT 84130-0270**