

Last Name _____ Jr., Sr., etc. _____ First Name _____ MI _____

Subscriber Identification Number _____

SECTION 1– CONTINUED

Change my plan: Effective Date (mm/dd/yyyy) _____

I am currently enrolled in Plan _____

I would like to change my plan to:

Plan A Plan D Plan G Plan N

Only applicants first eligible for Medicare before Jan. 1, 2020 may purchase plans C or F.

Plan C Plan F

Note: Depending on the new plan you choose, you may need to answer the health questions in Section 2. To find out, look at the chart below. Find your current plan in the far left column. Then look to see if there is a “Y” or “N” under the new plan you are choosing. A “Y” means, “Yes”, you will need to answer the health questions. An “N” means, “No”, you do not need to answer health questions.

Examples: If you are in Plan A and you want to change to Plan G, you will need to answer health questions. If you are in Plan D and you want to change to Plan A, you will not need to answer health questions.

New Plan

		A	C*	D	F*	G	N
Current Plan	A	-	Y	Y	Y	Y	Y
	C	N	-	N	Y	Y	N
	D	N	Y	-	Y	Y	N
	F	N	N	N	-	Y	N
	G	N	Y	N	Y	-	N
	N	N	Y	Y	Y	Y	-

***Note: Only applicants who were first eligible for Medicare before January 1, 2020 may change to Plan C or F.**

Cancel my policy Effective Date (mm/dd/yyyy) _____

Suspend this policy due to Medicaid eligibility Effective Date (mm/dd/yyyy) _____

Last Name	Jr., Sr., etc.	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscriber Identification Number			
<input type="text"/>			

SECTION 3 – DISCLOSURE INFORMATION

Please read with care and sign below.

- You do not need more than one Medicare Supplement policy.
- If you purchase this policy, you may want to review the health coverage you have and decide if you need another plan.
- You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
- If you become eligible for Medicaid later, you can ask for the benefits and premiums under your Medicare Supplement policy to be suspended for 24 months while you get Medicaid benefits. You must ask for this suspension within 90 days of becoming eligible for Medicaid. If you no longer have Medicaid, you can ask for your suspended Medicare Supplement policy to be re-instituted. If the policy you had is no longer available, you will get a similar policy. You must ask for this within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the re-instituted policy will not have outpatient prescription drug coverage. Other than that, it will be similar to what you had before the date of the suspension.
- If you have enrolled in a Medicare Supplement policy because of an eligible disability and you later are covered by an employer or union-based group health plan, you can ask for the benefits and premiums of your Medicare Supplement policy to be suspended while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy and later lose your employer or union-based group health plan, you can ask for your suspended Medicare Supplement policy to be re-instituted. If the policy you had is no longer available, you will get a similar policy. You must ask for this within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the re-instituted policy will not have outpatient prescription drug coverage. Other than that, it will be similar to what you had before the date of the suspension.

- Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

I am applying for the BlueElite coverage I have checked. I understand and agree that:

- The policy will not pay benefits for stays beginning or medical expenses incurred during the first six months of coverage, if they are considered a pre-existing condition. A condition is considered pre-existing if medical advice was given or treatment recommended by or received from a provider within six months prior to the insurance effective date. Some or all of this waiting period can be waived if you have creditable coverage. Refer to the Outline of Coverage for more details.
- I will have the right to examine the policy. If its terms and conditions are not acceptable to me, I can cancel the policy within thirty (30) days after I receive it. BlueCross will refund any premiums I have paid, less any benefits provided.
- The premiums for the BlueElite coverage I have selected will be based on the premiums shown in the Outline of Coverage.
- BlueCross can rely on the statements made on this application. These statements are true and complete to the best of my knowledge, information and belief.
- I have received an Outline of Coverage for the policy I applied for and shown where to access the "Choosing a Medigap Policy" guide.
- Any policy issued to me shall be binding only if the statements in this application accurately represent the condition of my present health.
- If medical records from any doctor, hospital or other provider of treatment are required, I must sign a separate authorization.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Signature: _____ Date (mm/dd/yyyy): _____

I certify that I have truly and accurately recorded on this application the information supplied by the applicant.

Agent's Signature: _____ Date (mm/dd/yyyy): _____

Agent's Name (Please Print): _____ Agent's ID Number: _____

Agent's Email Address: _____