



FOR OFFICE USE ONLY

Application Receipt Date, Group Number, Effective Date*
*If application is received before the 20th of the month, policy is effective the first of the next month; if application is received after the 20th, the policy is effective the first of the following month

NEW PID#
CHANGE

Section 1: Applicant Information

Last Name, First Name, Middle Initial, Home Address, City, County of Residence, State, Zip Code, Date of Birth, Social Security Number, Sex, Marital Status

Section 2: Spouse Information - Complete ONLY if Spouse is to be Covered

Name of Spouse, Date of Birth, Sex

Section 3: Unmarried Dependent Children Under Age 26 or Handicapped - List ONLY Those Children to be Covered

Table with columns: Name, Date of Birth, Relationship, Sex

Section 4: For New Applications

Has anyone applying for coverage on this application had Dental Blue for Individuals coverage within the last twelve (12) months? Yes No

Section 5: Payment Information

Billing Frequency, Method, Billing Address, City, State, Zip Code

Section 6: Banking / Payment Authorization

Type of Account, Bank Account Number, Bank Routing Transit Number, Name of Bank, Name(s) of Bank Account Holder, AUTHORIZED SIGNATURE(S)

Section 7: Signature Authorization

I understand that this application, along with the benefit booklet and the "Summary of Benefits", is the legal contract between BCBSNC and myself. I further understand that any coverage provided according to this application will be subject to the provisions of the benefit booklet...

Section 8: BCBSNC/Producer Internal Use Only

I hereby certify that I have truly and accurately recorded the information supplied by the applicant. Signature of Representative, Representative's Name, Rep. No.





AUTHORIZATION AND APPOINTMENT OF REPRESENTATIVE TO SUBMIT AN ELECTRONIC DOCUMENT AND SIGNATURE

I understand that by signing this form, I am agreeing to the following:

1. I, Applicant, appoint the Blue Cross and Blue Shield of North Carolina ("BCBSNC") appointed producer named below to act as my Representative ("Representative") for the express purpose of submitting certain written personal information provided by me to BCBSNC in an electronic format as part of the process of applying for and/or maintaining insurance coverage.
2. I further appoint Representative transmit/convert all personal information received from me in the paper Blue Options HSA Application Short Term Health Care Application Blue Advantage Application or Dental Blue Application ("Application") into an electronic format. The personal information submitted by Representative shall be taken from the paper Application after I read and accurately complete the paper Application in its entirety and sign the paper Application. Representative shall correctly, accurately and completely transmit/convert all of the information provided by me on the paper Application in an electronic format to BCBSNC.
3. I will provide Representative with unique personal data that will be used to create a personal electronic signature as part of this process of applying for insurance coverage with BCBSNC.
4. Representative shall be granted permission to use my electronic signature, and Representative's use of my electronic signature shall constitute my authorization and shall be considered as my legally binding signature for the Application submitted electronically to BCBSNC.
5. Representative will provide me with copies of my completed paper Application and this completed, signed authorization form.
6. BCBSNC will provide me with a copy of my electronic Application once my Application has been approved. I agree to compare my paper Application to my electronic Application to check for any inaccuracies.
7. I have ten (10) days after receipt of my electronic Application to notify BCBSNC that information on the electronic Application is not accurate. If notice is not received within the appropriate time frame, the electronic Application shall be considered the accurate and original Application authorized and completed by me and for which I will be responsible.

As the primary applicant or parent/guardian of the primary applicant, I warrant that I am authorized to agree to the above statements on behalf of myself and all my dependents under age 18. (Applicant Spouse and Applicant Dependents Age 18 or Older must sign below.)

Print Applicant Names: _____ Date: _____

Signature of Primary Applicant or
Signature of Parent/Guardian
(if applicant is under Age 18): _____ Date: _____

Signature of Applicant Spouse: _____ Date: _____

Signature of Applicant
Dependent Age 18 or Older: _____ Date: _____

Signature of Applicant
Dependent Age 18 or Older: _____ Date: _____

Signature of Applicant
Dependent Age 18 or Older: _____ Date: _____

I hereby certify that I will truly and accurately record the information supplied by the applicant.

Signature of Producer: _____ Date: _____

Print Name: _____ Producer's (P)
Number: _____

A copy of this authorization shall be as valid as the original.

Fax signed form to Blue Cross and Blue Shield of North Carolina at [919-765-7887].

Application Number: _____

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