



# Health Plan Application Checklist

We want to help you get the health care coverage you want. Please make sure your application is complete and correct. Incomplete applications may take longer to process. Use the checklist below.

Page	Please review these items.	Yes
3	<p><b>Signing up during Open Enrollment? Enter your Social Security number at the top of the page and skip to the next item. If you're signing up during a Special Enrollment Period, have you added:</b></p> <ul style="list-style-type: none"> <li>• Proof of the qualifying life event? (See the application for a list of qualifying life events.)</li> <li>• Date of the qualifying life event?</li> </ul>	<input type="checkbox"/>
4-8	<p><b>Have you:</b></p> <ul style="list-style-type: none"> <li>• Filled in the street address, phone number and email address for the person who is applying?</li> <li>• If adding a spouse or dependent to an existing policy, did you include all family members you want to cover (even those already on your policy)?</li> <li>• Filled in the gender and date of birth for each person to be covered?</li> <li>• Answered all tobacco use questions?</li> <li>• Noted how each person on the application (spouse, partner, son or daughter, etc.) is related to the person who is applying?</li> <li>• Provided the Primary Care Physician information for each member to be covered?</li> <li>• Provided Social Security number for the primary applicant and each person to be covered?</li> </ul>	<input type="checkbox"/>
9	<b>Have you chosen only one health plan?</b>	<input type="checkbox"/>
10	<p><b>If you haven't chosen a dental plan, have you signed the pediatric dental attestation (Option 3)?</b></p> <p>If you don't choose a dental plan and don't sign the waiver, by law we must assign a dental plan for any persons under age 19. A premium for the plan will be charged.</p>	<input type="checkbox"/>
11	<p><b>Have you made your first payment by:</b></p> <ul style="list-style-type: none"> <li>• <b>Filling in Electronic Funds Transfer (EFT or Auto Bill Pay)* information</b></li> <li>or</li> <li>• <b>Including a personal or bank check or a money order?</b></li> </ul> <p>Please note we do not send member ID cards, benefit books, or bills if the first month's premium payment is not included.</p>	<input type="checkbox"/>
11	<b>Have you chosen an option for your monthly payment (mail, email, EFT)?</b>	<input type="checkbox"/>
14	<b>Did you sign the Consumer Choice Disclosure (except if you chose Blue Advantage Gold HMO<sup>SM</sup> 207)?</b>	<input type="checkbox"/>
16	<b>Have you signed and dated the application?</b>	<input type="checkbox"/>
16	<b>If this is a child only policy, has a legal guardian or representative signed for any applicants under the age of 18?</b>	<input type="checkbox"/>
All	<p><b>Are you sending all pages of the application?</b></p> <p>We need <b>all</b> pages to process your application. <b>This includes the pages you didn't need to fill out.</b></p>	<input type="checkbox"/>

\* Valid email required to pay by EFT (Auto Bill Pay). Your first month's premium will be taken when your application is processed. From that point forward, EFTs are on the last day of each month. If the payment date falls on a non-business day or a holiday, the premium payment will be deducted from your account on the next business day.

**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níłk'e níká a'doolwoł dóó bína'ídíłkídígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíłníh kwe'e 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.