

# SPECIAL OPEN ENROLLMENT PROGRAM APPLICATION SOUTHERN HEALTH SYSTEMS

PLEASE PRINT:

MARITAL STATUS: Single \_ Married \_

APPLICANT'S LAST NAME	FIRST NAME	INITIAL			
HOME ADDRESS	CITY	COUNTRY	STATE	ZIPCODE	

LIST NAME OF EACH ELIGIBLE PERSON TO BE COVERED BY THE CONTRACT

LAST NAME	FIRST NAME	INITIAL	SEX (circle)	SOCIAL SECURITY NO.	BIRTHDATE
APPLICANT			M F		
SPOUSE			M F		
CHILD			M F		
CHILD			M F		
CHILD			M F		
CHILD			M F		

APPLICANTS EMPLOYER NAME \_\_\_\_\_

APPLICANT'S EMPLOYER ADDRESS \_\_\_\_\_ EMPLOYER PHONE NUMBER \_\_\_\_\_

SPOUSES EMPLOYER NAME \_\_\_\_\_

SPOUSE'S EMPLOYER ADDRESS \_\_\_\_\_ SPOUSES EMPLOYER PHONE NUMBER \_\_\_\_\_

Are you or your spouse covered by Medicare? (circle one) Yes No Medicaid? (circle one) Yes No  
 Are you or your spouse covered by or eligible for any other health insurance plan? (circle one) Yes No  
 If yes, list the name of the company \_\_\_\_\_

Premiums will be payable in advance on a monthly basis. For your convenience you may choose to send your payments directly to Blue Cross and Blue Shield of Alabama using our coupon book or by preauthorized automatic bank draft. If you choose the bank draft *option*, please *complete* the enclosed automatic bank draft authorization form.  
 (circle one)      Bank Draft      Coupon Book

<p>MONTHLY PREMIUMS</p> <p>Individual \$ 162.00      Family \$ 443.00</p>	<p>All information I give in this application is true. I understand you are relying on its truth when you decide if you will accept it and insure a contract to me. Any misrepresentation by me will make the Contract invalid from the beginning of its coverage.</p>
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I acknowledge by my signature that I have read and understand the important information, including binding arbitration, printed on the back of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **SPECIAL OPEN ENROLLMENT APPLICATION SOUTHERN HEALTH SYSTEMS**

Please review this information carefully before completing the application. By itself, this is not a Contract. The benefits are subject to the terms, conditions and limitations of the Contract.

I apply for coverage with this Special Open Enrollment program and any riders for which I am eligible. I understand that while my fees for the first term are enclosed, the Contract will not become effective until you accept this application. If you accept this Application, you will send me the Certificate and riders for which I am eligible along with an identification card showing the date my coverage begins. The Certificate, any changes to the Certificate, this application, and any supplemental applications make up my entire Contract with you.

I agree to pay you in advance the fees for the term and in the amount I have indicated on the application. At each new term I will pay the rate then in effect. If I am not accepted, your only obligation is to return the fees paid in advance.

I direct any Physician, Hospital, health care provider or any other person or entity that has advised, treated, attended, or rendered services or made a diagnosis for me or my Dependents or has information or records regarding such, to release them to Blue Cross and Blue Shield of Alabama without further notifying me.

Any misrepresentation will be fraud and will be prosecuted by Blue Cross and Blue Shield of Alabama under all laws, state or federal, civil or criminal, to the fullest extent and penalties provided by such laws.

I understand that each person listed on my application has to meet the following rule now and so long as coverage under the Contract continues:

- be under the age of 19 (or 23 if a full-time student) if enrolled in this Program as a dependent child

**THE CONTRACT YOU'RE APPLYING FOR INCLUDES BINDING ARBITRATION. THIS MEANS ANY DISAGREEMENT RELATED TO THE CONTRACT WILL BE SETTLED BY ARBITRATION - NOT A COURT. THE ARBITRATOR'S DECISION IS FINAL AND BINDS YOU AND US. AN ARBITRATOR IS AN INDEPENDENT, NEUTRAL PARTY WHO MAKES A DECISION AFTER LISTENING TO BOTH PARTIES. THIS DECISION CAN'T BE REVIEWED BY A COURT; THE ARBITRATOR ACTS AS JUDGE AND JURY. BY SIGNING BELOW YOU AGREE TO SETTLE ANY DISAGREEMENT *RELATED TO THE CONTRACT* BY ARBITRATION INSTEAD OF A COURT TRIAL.**

**AGREEMENT TO ARBITRATE – AFTER READING THIS, I AGREE TO EXCHANGE MY RIGHT TO HAVE ANY DISAGREEMENT BETWEEN US SETTLED BY A JUDGE AND JURY FOR THE RIGHT TO ARBITRATE INSTEAD.**

Send a check or money order for the first month's premium along with your completed application to the following address. If you choose to pay by bank draft, also include a blank voided check and the completed bank draft authorization form.

Blue Cross and Blue Shield of Alabama  
ATTENTION: CUSTOMER ACCOUNTS DEPARTMENT  
450 Riverchase Parkway East  
P.O. Box 995  
Birmingham, Alabama 35298-0001

