

Applicant Instructions

- Visit shoppers.bcidaho.com/individual-and-family/access-plans.page and select **Apply** on the right-hand side of the screen to complete the online application.
- When you complete your application, an email to access your quote will be sent to you once rates are made available.
- Pick one of the three plans quoted to you, then choose your preferred effective date.
- Select the **Walk In/Pay Later** option on the payment page.
- Once you have chosen an Access plan, you must submit this PERSI form within 10 days to set up PERSI billing and activate the plan.

Applicant Information (Retiree)

<i>(first, initial, last)</i>		Date of Birth <i>(mm/dd/yy)</i>	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Physical Address <i>(street or route)</i>		City, State, Zip Code		County
Mailing Address <i>(street or route)</i>		City, State, Zip Code		County
Billing Address <i>(if different from mailing address)</i>		City, State, Zip Code		County
Preferred Phone	Alternate Phone	Email Address		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married

Additional Family Member Information – premiums are calculated on a per person basis

List additional enrolling family members including any child who is under age 26; or who is medically certified as disabled and dependent upon you for support *(copy of certification required)*.

Family Member's Name <i>(first, initial, last)</i>	Relationship to Applicant <i>(spouse, child, stepchild, etc.)</i>	Date of Birth <i>(mm/dd/yy)</i>	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member's Name <i>(first, initial, last)</i>		Date of Birth <i>(mm/dd/yy)</i>	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member's Name <i>(first, initial, last)</i>		Date of Birth <i>(mm/dd/yy)</i>	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member's Name <i>(first, initial, last)</i>		Date of Birth <i>(mm/dd/yy)</i>	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member's Name <i>(first, initial, last)</i>		Date of Birth <i>(mm/dd/yy)</i>	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

Public Employee Retirement System of Idaho (PERSI)

I authorize the Public Employee Retirement System of Idaho (PERSI) to pay Blue Cross of Idaho for my premium.

Date of Retirement: _____

I am a State of Idaho: (Please select all that are applicable)

- New retiree (under 65) requesting PERSI premium remittance
- Requesting payment for my spouse
- Requesting payment for my spouse and dependent(s) under the age of 26

Please note that Blue Cross of Idaho cannot guarantee payment of policies selected by PERSI. If for any reason your premiums cannot be paid by PERSI, Blue Cross of Idaho will bill you directly for premiums. There will be a monthly \$4.00 service fee added.

Statement of Understanding

By signing this application, I represent that all my answers are complete and accurate to the best of my knowledge and belief and that I understand and agree to the following conditions:

- No independent producer, agent or employee of the insurance carrier can change any part of this application or waive the requirement that I answer all questions completely and accurately.
- The insurance carrier may terminate or rescind an insured's coverage for any misrepresentation, omission of fact by, concerning or on behalf of any insured that was or would have been material to the insurance carrier's acceptance of a risk, extension of coverage, provision of benefits or payment of any claim.
- If this application is approved, coverage for me and any eligible persons named on this application will begin on the effective date assigned by the insurance carrier.
- I understand that this application will become part of the contract between the insurance carrier and me.
- I affirm that I have reviewed all answers given on this application and, regardless of whether an independent producer or other person has filled out the answers for me, I verify that the answers are true and complete.
- Access plans include waiting periods. There is a 12-month waiting period for pre-existing conditions, although that period can be greatly reduced or even eliminated if the applicant has prior creditable health coverage before purchasing an Access plan.
- I acknowledge and understand my health plan may request or disclose health information about me or my dependents (persons who are listed for benefits coverage on the enrollment form) from time to time for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer healthcare benefits; or as required by law. For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Blue Cross of Idaho Notice of Privacy Practices that is available at bcidaho.com.

- I acknowledge by signing this application; I am authorizing the Public Employee Retirement System of Idaho (PERSI) to make the premium payment on my behalf. If the premium payment cannot be paid by PERSI, Blue Cross of Idaho will bill me for the monthly premium directly.
- **I affirm the answers given in this Access application are complete and correct. I am providing these answers as part of the application procedure required by this insurance carrier to enroll in its insurance coverage. I understand that the insurance carrier will rely on each answer in making its determination to extend coverage and to determine the type of coverage offered. I understand if this application contains any material misstatements or omissions, the insurance carrier may, within the first 24 months of coverage, deny coverage retroactively and/or take any other legal action available by law. I will promptly inform the insurance carrier in writing if anything happens before my coverage takes effect that makes any answer in this application incomplete or incorrect. I understand and agree no coverage shall be in force until approved by the insurance carrier. If approved, coverage will be in force as of the effective date determined by the insurance carrier.**

X

Applicant's Signature

Date

Independent Producer's Printed Name

Independent Producer's Signature

Date

Blue Cross of Idaho No.

When submitting the PERSI authorization form for a State of Idaho Retiree Access plan, please sign and return this form to:

Blue Cross of Idaho
PO Box 7408
Boise, ID 83707-9984
Email: iss@bcidaho.com
Fax: 208-331-7282

DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho and Blue Cross of Idaho Care Plus, Inc., (collectively referred to as Blue Cross of Idaho) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross of Idaho does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross of Idaho:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Blue Cross of Idaho Customer Service Department. Call 1-800-627-1188 (TTY: 1-800-377-1363), or call the customer service phone number on the back of your card. If you believe that Blue Cross of Idaho has failed to provide these

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-800-627-1188 (TTY: 1-800-377-1363).

Arabic:

مملوحة: إذا كنت تتحدث العربية اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-627-1188 (رقم هاتف الصم والبكم: 1-800-377-1363).

Bantu:

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 1-800-377-1363).

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 1-800-377-1363)。

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-627-1188 تماس بگیرید. (TTY: 1-800-377-1363)

French:

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 1-800-377-1363).

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 1-800-377-1363).

Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 1-800-377-1363) まで、お電話にてご連絡ください。

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 1-800-377-1363)번으로 전화해 주십시오.

services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Blue Cross of Idaho's Grievances and Appeals Department at:

Manager, Grievances and Appeals
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018

Fax: 208-331-7493

Email: grievances&appeals@bcidaho.com

TTY: 1-800-377-1363

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Grievances and Appeals team is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nepali:

ध्यान दिनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरु निःशुल्क रुपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टि टि वि डि: 1-800-377-1363) ।

Romanian:

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 1-800-377-1363).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 1-800-377-1363).

Serbo-Croatian:

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-1363).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 1-800-377-1363).

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 1-800-377-1363).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 1-800-377-1363).