HIGHMARK® Delaware

Underwriting Services 1-8-10
P.O. Box 1991
Wilmington, DE 19899-1991

HIPAA APPLICATION FOR COVERAGE

Coverage Available Through The Health Insurance Portability and Accountability Act (HIPAA)

Please print all requested information, complete all sections of this application and mail your application with payment to the above address. An incomplete application will be returned. To know if you are eligible for HIPAA coverage, please refer to the second paragraph on the last page.

A. PERSONAL INFORMATION

Last Name	First Name	M.I.	Jr., Sr.	Social Security Number

Home Address (street, city, state, zip code)

Date of Birth	Home Phone (include area code)	Business Phone (include area code)

Spouse's Social Security Number	I am: ☐ Male ☐ Female	I am: ☐ Single ☐ Married ☐ Other:

I am: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Other (specify):______ Name of Company:	My spouse is: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Other (specify): ______ Name of Company:

B. YOUR HEALTH PLAN CHOICES

Please choose the benefit plan you are applying for:
☐ Simply Blue EPO $20 $2,000/$6,000
☐ Blue Advantage® PPO $1800 (HSA compatible plan)

I am applying for coverage for the following individuals:
☐ Myself ☐ Myself and children ☐ Myself and spouse
☐ My family, including spouse and children

I am requesting the following effective date for this coverage: ______/______/______
(Effective date cannot be earlier than the date following the date of postmark or delivery to us.)

	M.I.	Last Name (if different)	If Choosing Blue Care®, Name Your Primary Care Physician (PCP) Choice	Primary Care Physician's ID Number	Birthdate (month, day, year)	Is This Dependent Disabled?
			Your PCP's name: Your current physician? ☐Y ☐N			
Spouse's First Name: Date of marriage: / /			PCP's name: Spouse's current phy.? ☐Y ☐N		/ /	☐Yes ☐No
First Name of Dependent #1 ☐ Son ☐ Daughter			PCP's name: Dependent's current phy.? ☐Y ☐N		/ /	☐Yes ☐No
First Name of Dependent #2 ☐ Son ☐ Daughter			PCP's name: Dependent's current phy.? ☐Y ☐N		/ /	☐Yes ☐No
First Name of Dependent #3 ☐ Son ☐ Daughter			PCP's name: Dependent's current phy.? ☐Y ☐N		/ /	☐Yes ☐No
First Name of Dependent #4 ☐ Son ☐ Daughter			PCP's name: Dependent's current phy.? ☐Y ☐N		/ /	☐Yes ☐No

C. CERTIFICATE(S) OF COVERAGE

Have you enclosed the Certificate(s) of Coverage from prior health insurance plans covering the last 18 months? ☐ Yes ☐ No

If NO, please explain why this was not possible: ______________________________

____

ENR-168 (5-12)

Please refer to the next page for an explanation of terms used below.

D. ELIGIBILITY INFORMATION

Does each person listed on this application:

1. Have at least 18 months of "creditable coverage"? ☐ Yes ☐ No*
2. Have coverage that ended not more than 63 days ago? ☐ Yes ☐ No*
3. Have his/her most recent prior coverage through a group plan? ☐ Yes ☐ No*
4. Have eligibility for current Medicare or Medicaid benefits? ☐ Yes* ☐ No
5. Have eligibility for COBRA continuation on a group plan? ☐ Yes* ☐ No
6. Have eligibility for coverage on a group plan? ☐ Yes* ☐ No
7. Have other health insurance coverage currently in force? ☐ Yes* ☐ No

For any answer with an asterisk (*), please explain thoroughly so we may determine your eligibility for the desired coverage.

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E. TERMS OF AGREEMENT

1. My application is subject to acceptance by Highmark DE.
2. Coverage begins on the first day of the month after the application is accepted unless an earlier date is agreed to by Highmark DE.
3. My rights to coverage will be subject to all the terms and conditions of the Highmark DE contract. This application is part of the contract.
4. I meet the eligibility requirements outlined in Section D for coverage as a HIPAA-eligible individual.
5. There is a 12-month waiting period before coverage begins for preexisting conditions. Preexisting conditions are those conditions that exist on the date coverage begins or were diagnosed or treated during the 6 months preceding the plan's effective date. If I have 18 months of prior creditable coverage, Highmark DE will not impose a waiting period for preexisting conditions. Individuals under age 19 will not be subject to a pre-existing waiting period.
6. I authorize Highmark DE to furnish to any Utilization Review Organization or to any other insurer or administrator, or to any health maintenance organization, or to any law enforcement agency, any and all records relating to me, my spouse or dependents for whom services or benefits have been sought or to whom services or benefits have been provided, including complete diagnostic and medical information, as determined by the Corporation to be necessary for the administration of the contract.
7. My coverage is void if any part of this application is false or inaccurate.
8. All the information I have given on this form is complete and true to the best of my knowledge.

Signature of Applicant	Date of Application (month, day, year)

IMPORTANT:

- This application must be signed.
- It must be accompanied by a deposit of at least one (1) month's payment.
- It also must be accompanied by the Certificate(s) for the prior 18 months of creditable coverage.

Please refer to the information below for an explanation of terms used on page 2 of your application.

About the Health Insurance Portability and Accountability Act (HIPAA)—In 1996, Congress passed HIPAA legislation to eliminate job lock related to the loss of health benefits and to increase access to health care coverage. HIPAA accomplishes both goals by eliminating or reducing waiting periods for coverage of preexisting medical conditions when you enroll in any new health benefits plan.

About your Application for HIPAA Coverage… For yourself—As an applicant for this coverage, you must be HIPAA-eligible. This means that you must meet each of the following requirements:

- Have had 18 months prior *creditable coverage* (see the section below) which ended not more than 63 days prior to the effective date of the plan
- Have had your most recent coverage with a group plan
- Have no other health care coverage currently in force
- Not be eligible for Medicare, Medicaid, group insurance, or a COBRA continuation plan

About your Application for HIPAA Coverage . . . For your dependents—The list above also applies to your dependents. Highmark Blue Cross Blue Shield Delaware will verify if the eligible dependents you list on your application are HIPAA-eligible. If they are not, Highmark DE will base approval on medical history information.

Disabled child dependents are eligible beyond the age limit if they are incapable of self-support because of a continuous mental or physical handicap which began before they reached the age limit. For coverage to be effective for disabled children, you'll need to complete and submit a *Disabled Dependent Application* for approval.

About Creditable Coverage—Highmark DE may be able to waive the waiting period for preexisting conditions if you have 18 months of prior creditable coverage.

Determining Creditable Coverage—The law considers "creditable coverage" to be only the health care coverage you've had that:

- Could have been provided by either one or more group or individual plans, and
- Most recently was provided under a group plan, and
- Had no lapse of more than 63 days within the last 18 months of coverage, and
- Ended not more than 63 days prior to this application's coverage effective date, and
- Totals at least 18 months of actual covered periods.

If you had a lapse in your health care coverage of more than 62 days, only those days after the lapse count as creditable coverage. You only need to establish 18 months of coverage to be HIPAA-eligible, even if your benefits were actually in effect for a longer period.

Certificate of Health Coverage— Please enclose a copy of your *Certificate of Health Coverage* with this application. You should have received an original Certificate when your health benefits with your previous health carrier(s) ended. (If you did not receive yours, you'll need to request one from your former employer or your previous health benefits carrier.) The Certificate is important because it verifies coverage dates under your previous health care plan(s).

Important Note: As of January 1, 2012, under Delaware Law, the definition of spouse includes a civil union partner.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association
Blue Advantage, Blue Cross, Blue Shield and the cross and shield symbols are registered service marks of the Blue Cross and Blue Shield Association.