Please Read the Instructions Before Filling Out This Form.

Please TYPE OR PRINT CLEARLY using blue or black ink to avoid coverage delay, or type in information





delay, or type in informa	ttion									Ondrige 1 of	"
1. To Be Filled Out by You	r Employer										
Municipality Name					Current Medical Group #			Medical Group # Transferring to			
Current BCBS ID #, If Any		Effective Date  DD YYYY			Current Dental Group #			Dental Group # Transferring to			
Type of Transaction  ☐ ADD			Remarks: (e.g., qualifying event for a new add, change to family, or other instruction)								
□ CANCEL □ TRANSFER			☐ Open Enrollment ☐ Loss of Coverage (HIPAA Continuation of Coverage Letter required) ☐ Other:								
2. Yourself											
What products?  ☐ Medex with Blue Medicare Rx (Part D)  ☐ Managed Blue for Seniors with Blue Medicare Rx					☐ Dental Blue			Membership Type (Dental) ☐ Individual ☐ Family			
First Name			M.I.	La	st Name			Sex		Date of Birth	
Street Address/ P.O. Box #			Apt. #	Ci	y/Town			State		ZIP Code	
Home Phone ( )			Phone		Email						
Social Security # REQUIRED)			er Insuran J / N 🏻	ice?	Other Insuran Name	ce Compan	y	Member Identification Number			
PCP ID # (see instructions)			ne of PCP			City / State			Is this your current PCP? Y□ / N□		
Part A Effective Date	Part B	Part B Effective Date			Medicare #			☐ 65+ ☐ Disabled ☐ ESRD			
MM DD YYYY	MM	DD YYYY						If Retired, Date			
3. Signatures (Employer &	& Employee)										
The information here is tion to enroll me and m subscriber certificate or that apply to my health information about me to with law. I acknowledge information in "Our Co	y dependent benefit bool care plan. It carry out it that I may	ts or t klet p unde: s bus: obtain	to make chorovided by rstand that iness, and n further in	nang y m t Bl tha nfor	ges to my memby employer to ungle Cross and Blower to the tit may use and the creation about the contraction a	pership. I un inderstand r ue Shield m I disclose that ne collection	ider ny l nay at ir n, us	rstan bene obta nfori se, a	efits and in personation and disc	I should read the d any restrictions sonal and medical in accordance closure of my	
Retiree's Signature			Date		Employer's Signature			Date			