blue of california

Blue Shield of California
Medicare Supplement Plan transfer application

Please use this application **only** for current Blue Shield Medicare Supplement plan members who are transferring to a Medicare Supplement plan of equal or lesser value during an open enrollment period – Guaranteed Acceptance. All other applicants should complete the full Medicare Supplement Plan Enrollment application.

Transferring is easy!

1 Provide ALL requested information and print clearly in blue or black ink. Sign and date at the end.

2 Within 30 days of your signature date, mail the application in the enclosed postage-paid envelope to: Blue Shield of California Medicare Supplement Plan Installation, P.O. Box 3008, Lodi, CA 95241-9969. Or, you can fax the application to **(209) 367-6391**. Keep the yellow copy for your records.

If you have questions about how to enroll, please contact your broker or call us at **(888) 713-0000** or TTY **(888) 595-0000**.

You may also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides health insurance counseling for California senior citizens. Call HICAP toll-free at (800) 434-0222 for a referral to your local HICAP office. HICAP services are provided free of charge by the state of California.

Personal information

First name	Middle initial	Last name
Home address		
Home city	Home state	Home ZIP
Home telephone ( )	Email	Gender: ☐ Male ☐ Female
Mailing address (if different from above)		
Mailing city	Mailing state	Mailing ZIP
Billing address (if different from above)		
Billing city	Billing state	Billing ZIP
Date of birth __ __ – __ __ – __ __ __ __ Month Day Year	Language preference: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Other _____	
Please check the plan type you are applying for: ☐ A ☐ C ☐ D ☐ F ☐ High Deductible F ☐ K ☐ N	Requested effective date: The ☐ 1st day or ☐ 15th day of __ __ – __ __ __ __ Month Year	
Medicare number	Social Security number	
Blue Shield member number		
Medicare hospital (Part A) effective date __ __ – __ __ – __ __ __ __ Month Day Year	Medicare (Part B) effective date __ __ – __ __ – __ __ __ __ Month Day Year	

White copy: Give to your Blue Shield Agent or mail to Blue Shield with your first payment.
Yellow copy: Keep with your important Blue Shield documents and information.

Medicare Prescription Drug Plan information

Have you purchased a Medicare Prescription Drug Plan? ☐ Yes ☐ No

IF YES,

a. With what company? _____ b. What is the effective date? _____

Current insurance coverage information (required for all submissions)

If you lost or are losing other health insurance coverage, and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance contract or had certain rights to buy such a contract, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your application.

The Blue Shield Guaranteed Acceptance Guide describes the different situations in which you may be eligible for guaranteed issue of a Medicare Supplement plan. It is important to note that the time period of eligibility for guaranteed issuance may vary by situation, and you must apply within this time period to be eligible for guaranteed acceptance.

Please answer all questions to the best of your knowledge. (Please mark Yes or No below with an "X.")

1 ☐ Yes ☐ No a. Did you turn 65 years of age in the last 6 months?

☐ Yes ☐ No b. Did you enroll in Medicare Part B in the last 6 months?

c. If yes, what is the effective date? _____ /_____ /_____

2 ☐ Yes ☐ No Are you covered for medical assistance through California's Medi-Cal program? NOTE TO APPLICANT: If you have a share of cost under the Medi-Cal program, please answer NO to this question.

IF YES,

☐ Yes ☐ No a. Will Medi-Cal pay your premiums for this Medicare Supplement plan contract?

☐ Yes ☐ No b. Do you receive benefits from Medi-Cal OTHER THAN payments toward your Medicare Part B premium?

3 ☐ Yes ☐ No a. If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.
Start _____ /_____ /_____ End _____ /_____ /_____

☐ Yes ☐ No b. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement plan contract?

☐ Yes ☐ No c. Was this your first time in this type of Medicare plan?

☐ Yes ☐ No d. Did you drop a Medicare Supplement plan contract to enroll in the Medicare plan?

4 ☐ Yes ☐ No a. Do you have another Medicare Supplement plan policy or certificate or contract in force?

IF YES,

☐ Yes ☐ No b. If so, with what company, and what plan do you have? _____

☐ Yes ☐ No c. If so, do you intend to replace your current Medicare Supplement plan policy, certificate, or contract with this contract?

5 ☐ Yes ☐ No Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?

a. If so, what company and what kind of policy? _____

b. What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END" blank.)
Start _____ /_____ /_____ End _____ /_____ /_____

Guaranteed acceptance

You are guaranteed acceptance into a Medicare Supplement plan under situation No. 2 as described in Blue Shield's Guaranteed Acceptance Guide if Blue Shield receives your application within 30 days of your birthday. If you don't qualify for situation No. 2, you may qualify for other guaranteed acceptance situations that are listed in our Guaranteed Acceptance Guide. Please read this guide and complete the statement below:

I believe I qualify for guaranteed acceptance based on situation No. _____ .

Two-party contracts

You and your spouse or domestic partner may qualify for a TWO-PARTY CONTRACT.

Both individuals must be age 65 or older, enrolled in both Medicare Parts A and B, and enrolled in **the same** Medicare Supplement plan. If either person does not qualify for guaranteed acceptance, you can apply through underwriting and must complete the full Medicare Supplement Plan Enrollment application.

Each person applying for a two-party contract must complete a separate application.

1. If you and your spouse/domestic partner are applying for a two-party contract, please check this box: ☐
   Please provide:
   1. Name of spouse/domestic partner:_____
   2. Spouse/domestic partner's Social Security number: _____ – _____ – _____
   3. Spouse/domestic partner's authorization to change their contract to a two-party contract by signing below:

      Spouse/domestic partner signature: _____ Date: _____

2. Is your spouse/domestic partner currently enrolled in a Blue Shield Medicare Supplement plan? ☐ Yes ☐ No

   A. If YES, what is their Blue Shield of California member ID #? _____

   B. If NO, then your spouse/domestic partner must complete the full Medicare Supplement Plan Enrollment application (this Guaranteed Acceptance Application does not apply in this situation). Please be sure to complete the two-party contract section of that application.

Payment information

To determine the monthly dues amount, refer to Blue Shield's Medicare Supplement Plans Summary of Benefits and Provisions. Unless you participate in Easy$Pay,SM you will receive a bill indicating the amount and the date your next payment is due.

If you have or want to enroll in Automatic Payment:

☐ I already participate in Blue Shield's Medicare Supplement plan Easy$Pay and would like to continue my authorization for automatic debit of dues for the rate applicable to the plan identified above, if my application is approved.

☐ I want to enroll in Easy$Pay (automatic monthly debit from your checking or savings account – you must complete the Easy$Pay form)

☐ Quarterly billing ☐ Monthly billing

Terms, conditions, and authorizations

Information regarding Medicare Supplement plan coverage: Before you apply, it's important that you read the following information, then sign and date at the end of this application.

1 You do not need more than one Medicare Supplement plan policy or contract.

2 If you purchase a Blue Shield Medicare Supplement plan contract, you may want to evaluate your existing health coverage to decide if you need multiple coverage.

3 You may be eligible for benefits under Medi-Cal and may not need a Medicare Supplement plan policy or contract.

Terms, conditions, and authorizations (continued)

4 If after purchasing this contract you become eligible for Medi-Cal, the benefits and premiums under your Medicare Supplement plan contract can be suspended, if requested, during your entitlement to benefits under Medi-Cal or Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medi-Cal or Medicaid. If you are no longer entitled to Medi-Cal or Medicaid, your suspended Medicare Supplement plan contract – or if that is no longer available, a substantially equivalent contract – will be reinstituted if requested within 90 days of losing Medi-Cal or Medicaid eligibility. If the Medicare Supplement plan contract provided coverage for outpatient prescription drugs, and you enrolled in Medicare Part D while your contract was suspended, the reinstituted contract will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

5 If you are eligible for, and have enrolled in, a Medicare Supplement plan contract by reason of disability, and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement plan contract can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement plan contract under these circumstances and later lose your employer or union-based group health plan, your suspended Medicare Supplement plan contract – or if that is no longer available, a substantially equivalent contract – will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement plan contract provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your contract was suspended, the reinstituted contract will not have outpatient prescription drug coverage but will otherwise be substantially equivalent to your coverage before the date of the suspension.

6 Counseling services are available in California to provide advice concerning your purchase of Medicare Supplement plan coverage and concerning medical assistance through the Medi-Cal program, including your benefits as a qualified Medicare beneficiary (QMB) and a specified low-income Medicare beneficiary (SLMB). You may obtain information regarding counseling services from the state Department of Aging.

Conditions of membership

1 This application will become part of the *Evidence of Coverage* for which I am applying, and together with any endorsements, appendices, and attachments thereto, will collectively constitute the entire agreement for coverage.

2 I will receive no coverage from Blue Shield unless Blue Shield's Underwriting Department approves this application. Blue Shield is not liable for bills incurred before the effective date of coverage.

3 Only Blue Shield can approve this application. I understand that any insurance agent, broker, or sales representative cannot grant approval, change terms, or waive requirements.

I acknowledge receipt of the Summary of Benefits, the Guide to Health Insurance for People with Medicare, and a copy of this application. I have read the Summary of Benefits and the terms, conditions, and authorizations set forth above. I certify that I meet the eligibility requirements set forth in the Summary of Benefits. I alone am responsible for the accuracy and completeness of this application and have answered all questions to the best of my knowledge and belief. I understand that I will not be eligible for coverage if any information is false or incomplete, and that coverage may be revoked based on such finding.

Applicant's signature	**Date**
_____	_____

Producer information

Producer name

Producer ID	Producer telephone ( )

Producer signature

List all policies and plan contracts sold that are still in force: _____

List all policies and plan contracts sold in the past five years that are no longer in force: _____

Dental PPO plans

Affordable dental plans and dental + vision package for Medicare Supplement plan members.

Please see the *Blue Shield Dental plans and dental + vision package* flier in this enrollment kit for more information.

To sign up for Blue Shield dental coverage, select a plan below:

Dental plan options (check one):

☐ Specialty Duo℠ dental + vision package*

☐ Dental PPO 1000 ☐ Dental PPO 1500 ☐ No dental plan

Conditions of coverage

- Dental benefits aren't subject to any health plan deductible requirements.
- If your dental or dental + vision coverage is cancelled for any reason (by you or by Blue Shield), you may apply for reinstatement, but you will have to wait 6 months to reapply.

For two-party enrollment

If you are enrolling in a Medicare Supplement plan with a two-party contract, you may enjoy the convenience of a single bill and lower rates for you and your spouse/domestic partner. Keep the same convenience when you choose your dental plan by matching your dental PPO plan or dental + vision package enrollment with your Medicare Supplement plan enrollment. You and your spouse/domestic partner need to select and both enroll in the same dental PPO or dental + vision package in order to receive one bill that combines Medicare Supplement plan and dental PPO or dental + vision package plan rates. If only one of you wants to enroll in a dental PPO plan or dental + vision package, or if you each want different dental PPO or dental + vision package plans, your two-party agreement for the Medicare Supplement plan will be affected. In order to enroll in the dental plans or dental + vision package in this way, you will need to change your two-party contract and rate to individual contracts and single-party rates.

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). This plan is pending regulatory approval. Specialty Duo package includes both Specialty Duo Dental Plan and Specialty Duo Vision Plan for Medicare Supplement plan members.