



Exceptions to Standard Enrollment

NAME OF APPLICANT	SOCIAL SECURITY NO.
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Please complete the appropriate section below that applies to the applicant's enrollment.
 Submit this form with the Individual Enrollment Application and other required documents when applicable.

PART A – Individual Enrollment Application Over 30 Days Old

PURPOSE: To certify that the health status as submitted on the application has not changed since submission.

I, _____, certify that the submitted health status of myself and all listed dependents remains the same as shown on my application dated _____.

If there have been any changes, please submit a new application.

SUBSCRIBER SIGNATURE X	DATE (Required)	DEPENDENT (AGE 18 OR OVER) SIGNATURE X	DATE (Required)
SPOUSE SIGNATURE X	DATE (Required)	DEPENDENT (AGE 18 OR OVER) SIGNATURE X	DATE (Required)

Requested effective dates are not available for Blue Cross HMO. This date must be after the above signature date, but not greater than 75 days from the signature on this Exceptions form. If you do not request an effective date or if you have applied for Blue Cross HMO, and your application is approved, Blue Cross will assign an effective date of the 1st or 15th of the month following approval of your application.

If Blue Cross approves my application, please assign an effective date of the 1st 15th of _____.

Please include the date of the last menstrual period (LMP) for each female applicant listed on the Application.

NAME	DATE OF LMP	NAME	DATE OF LMP
NAME	DATE OF LMP	NAME	DATE OF LMP

PART B – Legal and Financial Responsibility (If not the natural or adoptive parent)

I, _____, accept full legal and financial responsibility for the individual enrollment information disclosed on this application for _____
Name of Applicant

SIGNATURE X	DATE (Required)
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If you are the legal guardian, please attach a copy of the court-appointed guardianship papers.

PART C – Statement of Accountability

To be utilized when the applicant cannot complete the application because of the following circumstance(s):

I, _____, personally read and completed the Individual Enrollment Application for _____, dated _____, because the applicant:

- Does not read English Does not speak English Does not write English
 Other (explain): _____

I also translated the contents of this form and, to the best of my knowledge, obtained and listed all the requested personal and medical history disclosed by _____

SIGNATURE X	DATE (Required)
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IMPORTANT: The validity of this information is subject to the same conditions as those signed on _____ / _____ / _____ and will become part of the agreement between Blue Cross and the above-listed member(s).

THIS ADDENDUM TO YOUR ORIGINAL APPLICATION IS ON FILE WITH BLUE CROSS.