

PART 10 — STATEMENT OF GUARANTEED ISSUE ELIGIBILITY

If you have a pre-existing condition and are concerned about obtaining health care coverage, Blue Shield offers an alternative that you may want to consider.

The federal Health Insurance Portability and Accountability Act (HIPAA) makes it easier for people covered under existing group health plans to maintain coverage regardless of pre-existing conditions when they change jobs or are unemployed for brief periods of time. If you meet every condition below, you are eligible for guaranteed issue in accordance with HIPAA, and Blue Shield will automatically accept your application for the PPO Plan 1500, PPO Plan 2000, Blue Shield Life PPO Plan 1500, or Blue Shield Life PPO Plan 2000.

If you are applying for coverage on behalf of any dependents who are not eligible for guaranteed issue, their coverage will be subject to medical underwriting, except for children who were enrolled under any prior creditable coverage within 30 days of the birth or placement for adoption. A dependent child who is 18 years of age or younger or a dependent spouse applying for guaranteed issue must complete a separate Statement of Guaranteed Issue Eligibility (Blue Shield will accept copies of the Statement of Guaranteed Issue Eligibility). For additional applications or current guaranteed issue rates, please contact your Blue Shield agent or call Blue Shield at **(800) 431-2809**.

STATEMENT OF GUARANTEED ISSUE ELIGIBILITY & CHECKLIST

Please answer "yes" or "no" to each of the following statements.

1. I HAVE HAD A TOTAL OF AT LEAST 18 MONTHS OF HEALTH CARE COVERAGE (INCLUDING COBRA OR CAL-COBRA, IF APPLICABLE) WITHOUT MORE THAN A 63-DAY BREAK (EXCLUDING ANY EMPLOYER-IMPOSED WAITING PERIODS) IN COVERAGE. YES NO
2. MY MOST RECENT COVERAGE WAS THROUGH AN EMPLOYER-SPONSORED HEALTH PLAN (COBRA AND CAL-COBRA ARE CONSIDERED EMPLOYER-SPONSORED COVERAGE). YES NO
3. IF YOU BECAME ELIGIBLE FOR COBRA OR CAL-COBRA BEFORE JANUARY 1, 2003, RESPOND TO THIS STATEMENT. IF YOU BECAME ELIGIBLE FOR COBRA OR CAL-COBRA ON OR AFTER JANUARY 1, 2003, PROCEED TO # 4.
I ACCEPTED COBRA OR CAL-COBRA COVERAGE AND EXHAUSTED ALL OF ITS BENEFITS, OR WAS NOT ELIGIBLE FOR COBRA OR CAL-COBRA. YES NO
IF YES, PLEASE LIST THE DATE THAT COBRA OR CAL-COBRA WAS EXHAUSTED: ____/____/____
IF NO, PLEASE EXPLAIN: _____

4. IF YOU BECAME ELIGIBLE FOR COBRA OR CAL-COBRA ON OR AFTER JANUARY 1, 2003, YOU WERE ELIGIBLE FOR A MAXIMUM OF 36 MONTHS OF COVERAGE UNDER COBRA OR CAL-COBRA OR A COMBINATION OF COBRA AND CAL-COBRA. PLEASE RESPOND TO THIS STATEMENT:
I ACCEPTED COBRA AND/OR CAL-COBRA AND EXHAUSTED 36 MONTHS OF COVERAGE. YES NO
IF "YES", PLEASE LIST THE DATE THAT COBRA/CAL-COBRA WAS EXHAUSTED: ____/____/____
IF NO, PLEASE EXPLAIN: _____

IF YOU ANSWERED "YES" TO STATEMENTS 1, 2, 3 OR 4, PLEASE PROCEED TO NUMBERS 5 AND 6. IF YOU ANSWERED "NO" TO ANY OF THE ABOVE STATEMENTS, DO NOT PROCEED. YOU ARE NOT ELIGIBLE FOR GUARANTEED ISSUE.

5. I AM CURRENTLY ELIGIBLE FOR COVERAGE UNDER A GROUP OR EMPLOYEE SPONSORED HEALTH PLAN, MEDICARE OR MEDICAID? YES NO
6. MY MOST RECENT COVERAGE TERMINATED BECAUSE OF NONPAYMENT OF DUES/PREMIUM OR FRAUD? YES NO

IF YOU ANSWERED "NO" TO QUESTIONS 5 AND 6 AND "YES" TO STATEMENTS 1, 2, 3 OR 4, THEN YOU ARE ELIGIBLE FOR GUARANTEED ISSUE.

GUARANTEED ISSUE COVERAGE OPTIONS YOU MUST SELECT ONE OF THE BOXES BELOW TO PROCESS YOUR APPLICATION.

- A. IF YOU KNOW THAT YOU WILL NOT QUALIFY FOR COVERAGE, OR DO NOT WANT TO APPLY FOR AN UNDERWRITTEN PLAN, CHECK THIS BOX:
 ISSUE THE GUARANTEED ISSUE PLAN ONLY. SINCE I HAVE CHOSEN THIS OPTION, I UNDERSTAND THAT I WILL NOT BE CONSIDERED FOR AN UNDERWRITTEN PLAN.
- B. IF YOU ARE APPLYING FOR BOTH GUARANTEED ISSUE AND AN UNDERWRITTEN PLAN, SELECT ONE OF THE FOLLOWING:
 GUARANTEED ISSUE COVERAGE AT THE EARLIEST EFFECTIVE DATE, SO THAT I AM COVERED DURING THE UNDERWRITING PROCESS OF THE INDIVIDUAL PLAN. (I UNDERSTAND THAT IF MY APPLICATION FOR THE UNDERWRITTEN PLAN IS APPROVED, I WILL AUTOMATICALLY BE TRANSFERRED TO THE UNDERWRITTEN PLAN. IF IT IS NOT APPROVED, I WILL CONTINUE TO RECEIVE GUARANTEED ISSUE.
 ISSUE THE GUARANTEED ISSUE PLAN ONLY IF I AM NOT APPROVED FOR THE UNDERWRITTEN PLAN. (I UNDERSTAND THAT I WILL NOT HAVE ANY COVERAGE UNTIL MY APPLICATION FOR THE UNDERWRITTEN PLAN IS PROCESSED AND EITHER APPROVED OR DECLINED.)

BY SIGNING THIS STATEMENT I VERIFY THAT I HAVE READ AND UNDERSTOOD THE ELIGIBILITY CONDITIONS LISTED ABOVE AND THAT ALL OF THE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT OR LEGAL GUARDIAN

TODAY'S DATE (REQUIRED)

PRINT NAME

_____/_____/_____