

IMPORTANT INSTRUCTIONS FOR COMPLETING YOUR ENROLLMENT APPLICATION

Application Requirements

Each section of your enrollment application must be completed in its entirety before you can be enrolled in the HMO program. *An incomplete application may result in a delay in coverage.*

Signature of the person who is applying for coverage, and the spouse's signature if also applying for coverage, is required for your application to be considered complete.

Proof of Residence indicating that you are a New York State resident in Empire's 28-county operating area must be submitted with all applications. *The Name and Address on your proof must match the Name and Address listed on your application.* A PO Box is not acceptable on your application for proof; however, it may be listed as a separate mailing address.

Acceptable Proof of Residence Includes: -- *all items must be current and not expired*

- Voter Registration Card
- Driver's License
- Motor Vehicle Non-driver's License
- Motor Vehicle Registration
- New York State Insurance ID Card
- Utility Bill*
- Telephone Bill - cellular phone bills are acceptable*
- Cable Television Bill*
- New York State Department of Motor Vehicle Certificate of Title
- Computerized Statement of School or Property Taxes
- Unemployment Check*
- Computerized W-2 Form
- Copy of Current Lease Agreement (signed by tenant and landlord)
- Certificate of Residency*
- Letter from Nursing Home (on company letterhead)

**These items must be dated within the past 90 days.*

Primary Care Physician (PCP) selections for you (APPLICANT), as well as any applying dependents, should be listed in question **8A** of your application. If you do not select a PCP, or if you check "yes" in question **8B**, Empire will automatically assign a PCP based upon your age and zip code. If Empire assigns your PCP, you will be restricted from utilizing the doctor of your choice until you properly contact Member Services.

Current BlueCross BlueShield Coverage with Empire or any other Plan that is held by you or any member of your family should be indicated in questions **9-9E**. You should provide us with the name of the Plan, contract holder's name (i.e., the person with the other coverage), and ID number. Also, please specify the type of coverage, including if it is group coverage (e.g., through an employer) or non-group (direct payment) coverage.

continued on next page

Application Requirements (continued)

Employment Information for you (and your spouse, if applicable) should be provided in question **13**. If you are retired, simply check the box for #13B (UNEMPLOYED).

Spouses that Waive Coverage may specify the reason why in question **17**. If there is another reason other than those listed, you may write-in the appropriate information.

Effective Date of Coverage

If your *completed application* is received between the 1st and the 15th day of the month, your coverage will be effective on the 1st day of the next month. If your *completed application* is received between the 16th and 31st day of the month, your coverage will be effective on the 1st day of the month following the next month.

For example, if we receive your application on December 12th, your coverage will be effective on January 1st. If your application is received on December 19th, your coverage will be effective on February 1st.

However, if you are converting from an Empire group policy, your contract will be effective on the date your group coverage terminated if a completed application is received within 90 days of that date (or 45 days after notice of termination is given, whichever is later).

Once your completed application is processed, you will receive a contract booklet, member handbook and identification cards for all eligible dependents, indicating the effective date of coverage. Receipt of this information will provide you with confirmation that your HMO coverage is effective.

Submitting Your Application

Please mail your completed enrollment application to the address listed below.

**Empire BlueCross BlueShield
P.O. Box 1407, Church Street Station
New York, NY 10008-1407**

Please do not send payment at this time. If your application is accepted, we will issue a premium bill as well as a contract and identification card(s).

NOTE: When Empire receives your application, you will receive an acknowledgement letter from us confirming receipt. However, please allow two (2) to three (3) weeks for processing, at which time you will receive written notification of your enrollment status. Until you receive this information, there is no coverage in the HMO program.

LGL6067 (702)