

**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 TRADITIONPLUS HOSPITAL 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 or 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.*

Current BlueCross 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 application is accepted, your coverage will be effective on the date we receive your completed application.

*For example, if Empire receives your application on July 10<sup>th</sup> and it is considered complete, your coverage will be effective on July 10<sup>th</sup>.*

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 TRADITIONPLUS HOSPITAL PROGRAM 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 TRADITIONPLUS HOSPITAL PROGRAM.

LGL6058 12/02