

# Application and Health Questionnaire for Single-Term Comprehensive Major Medical Individual PPO Coverage

## How to complete this Application

1. Each individual, including any dependents applying, must complete a separate Application. Please copy both sides of this Application if you need additional Applications.
2. Choose your Coverage Period, from a minimum of 31 days up to and including 180 days.
3. Choose the dates you want your Coverage Period to begin and end. The date your coverage begins (“Effective Date”) will be the later of (a) the day after the date the Application is submitted electronically or (b) the date you request. Your requested Effective Date must be within 30 days of the date your application is submitted electronically.
4. Read the “Conditions of Enrollment” on the back of the Application. Sign and date where indicated.
5. If you are applying for insurance coverage through an insurance producer, your Application will be submitted electronically for you by that producer. Please do not mail your Application.
6. Keep a copy of the Application and Conditions of Enrollment for your records.

## Your satisfaction is guaranteed!

If you’re not completely satisfied with ShortTermBlue, just return your identification card and Subscription Agreement within 10 days after receipt. Indicate in writing that you no longer want this protection and, once we have received your written response, any premium you have paid will be promptly and fully refunded.

## Questions?

Please contact your insurance producer if you have any questions about this coverage or how to complete this Application.

## If changes in your eligibility occur ...

Please note: If you receive medical advice or treatment from a physician or other professional provider for a condition which occurred after this Application is signed, but prior to the Effective Date of coverage, you must notify Highmark Blue Cross Blue Shield by calling 1-800-544-6679.

Keep this page for your records.

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount Remitted: \_\_\_\_\_

Deductible Amount Chosen: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

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