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BlueCross BlueShield of North Carolina
P.O. Box 25190
Durham, NC 27702

Change Application for BlueMedicare Supplement℠

Please fill in ALL information in blue or black ink.

Section 1: Applicant Information — Questions? Call Toll Free (800) 672-6584

Name must be exactly as it appears on your Original Medicare card:

First Name: Middle Initial:

Last Name: Suffix:

Birth Date (mm/dd/yyyy): / / Area Code: Telephone Number: - -

Sex: ☐ Male ☐ Female

Mailing Address (street):

City: State: Zip Code:

County:

Billing Address (if different from above – ONLY bills will be sent to this address)
(If this is a part of a list bill, please put entity's billing address below and fill out Section 3):

City: State: Zip Code:

County:

Blue Cross NC Medicare Supplement Member ID #:

Section 2: Plan Information

Choose the Plan you wish to select (check only one):

☐ A ☐ B ☐ C ☐ D ☐ F ☐ High Ded F ☐ G ☐ K ☐ L ☐ M ☐ N

When would you like your plan change to begin (mm/dd/yyyy):

/ /

IMPORTANT: This application is continued on the other side.

Section 3: Billing Information and Payment Authorization

Please select a premium payment option:

☐ Get a bill each month.

☐ Keep current payment method.

If this application is accepted, I agree that the total premium will be billed. I agree that if charges are dishonored, whether with or without cause and whether intentionally or inadvertently, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) shall have no liability whatsoever even though dishonor results in forfeiture of insurance.

If you are a part of a list bill, please fill out the following:

Entity Name: _____ CORP #: M ☐☐☐

Section 4: Your Medicare Coverage

Please take out your red, white, and blue Medicare card to complete this section.

Fill out this information as it appears on your Medicare card.

Medicare Number: ☐☐☐☐☐☐☐☐☐☐☐

Effective Date (mm/dd/yyyy):

Hospital (Part A): ☐☐ / ☐☐ / ☐☐☐☐

Medical (Part B): ☐☐ / ☐☐ / ☐☐☐☐

Section 5: Consumer Information for Your Protection

You do not need more than one Medicare supplement policy.

If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy will be suspended during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted, if requested, within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan.

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If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

Smoker rates do not apply during Guaranteed Issue period.

Section 6: By Signing Below, I Understand and Agree to the Following:

I hereby certify that all statements on this application are complete and true. Failure to provide complete and accurate information will allow Blue Cross NC to deny future claims and seek a refund for claims paid as though the certificate had never been issued. I understand and agree that the certificate applied for will be effective only if the application is approved and a membership certificate is issued by Blue Cross NC and fees have been paid. I understand that any coverage provided based on this application shall be subject to the provisions of the certificate and endorsements issued to me by Blue Cross NC. (For information regarding waiting periods and pre-existing conditions, please refer to your "Outline of Medicare Supplement Coverage" booklet.)

Signature of Applicant: _____

Date: ☐☐ / ☐☐ / ☐☐☐☐ (mm/dd/yyyy)

Note: This application cannot be processed without the applicant's signature.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.