



2019 Health Plan Application Checklist

We want to help you get the health care coverage you want. Please make sure your application is complete and correct. Incomplete applications may take longer to process. Use the checklist below.

Page	Please review these items.	Yes
2-4	<p>Have you:</p> <ul style="list-style-type: none"> Filled in the street address for the person who is applying? Filled in the gender and date of birth for each person to be covered? Answered all tobacco use questions? If adding a spouse or dependent to an existing policy, did you include all family members you want to cover? Noted how each person on the application (wife, husband, partner, son or daughter etc) is related to the person who is applying? Provided Participating Medical Group information for each member applying to an HMO plan? Provided Social Security Number for the primary applicant and each person to be covered? 	<input type="checkbox"/>
6	Have you chosen only one health plan?	<input type="checkbox"/>
7	<p>If you haven't chosen a dental plan, have you signed the waiver?</p> <p>If you don't choose a dental plan and don't sign the waiver, by law, we must assign a dental plan for any persons under age 19. A premium for the plan will be charged.</p>	<input type="checkbox"/>
9	<p>Have you paid your first payment by:</p> <ul style="list-style-type: none"> Filling in bank draft* information or Including a personal or bank check or a money order? <p>Please note that we do not send member ID cards, benefit books, or bills if the first month's premium payment is not included.</p>	<input type="checkbox"/>
9	Have you chosen a monthly payment option?	<input type="checkbox"/>
12	Have you signed and dated the application?	<input type="checkbox"/>
12	If this is a child only policy, has an adult signed for any applicants under the age of 18?	<input type="checkbox"/>
All	<p>Are you sending all pages of the application?</p> <p>We need all pages to process your application. This includes the pages you didn't need to fill out.</p>	<input type="checkbox"/>
5	<p>If you're signing up during a Special Enrollment Period, have you added:</p> <ul style="list-style-type: none"> Proof of the qualifying life event? (See the application for a list of life events that qualify.) Date of the qualifying life event? 	<input type="checkbox"/>

APPLY BY MAIL	Blue Cross and Blue Shield of Illinois Attn: Individual Enrollment, P.O. Box 3236, Naperville, IL 60566-7236
----------------------	---

APPLY BY FAX	888-223-1988
---------------------	--------------

* If you choose to pay by bank draft, your first month's premium will be drafted when your application is processed. From that point forward, bank drafts are on the last day of each month. If the draft date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day.