BlueCross BlueShield of Texas

North East ISD Notice of Enrollment or Change in Health Coverage

PLEASE PRINT CLEARLY

Shaded Area For Office Use Only

1

☐ New Enrollment	☐ Change in Coverage	Employee ID#	Approval	Effective Date

Pay Frequency ☐ Monthly Pay ☐ Bi-Weekly Pay

Last Name First Middle ☐ Male ☐ Female

Date of Birth (Mo/Day/Yr) / / Date of Employment (Mo/Day/Yr) / / Campus/Dept.

☐ *Check only if address has changed.*

Home Address - No. and street Name City State ZIP Home Telephone No. ( )

2 Check Reason For Change And Print Date Of Event:

☐ Add Dependent ☐ Drop Dependent ☐ Cancel Coverage Date of Event:_____

☐ Birth/ Adoption ☐ Marriage ☐ Divorce ☐ Gain New Coverage ☐ Loss of Coverage ☐ Deceased ☐ Other_____

3 SELECT ONE COVERAGE OPTION

☐ BlueChoice Low Option (PPO)	☐ BlueChoice High Option (PPO)	☐ BlueEdge CDHP	☐ BlueEdge CDHP w/HSA	☐ Hospital Indeminity
☐ Employee Only	☐ Employee Only	☐ Employee Only	☐ Employee Only	Employee Only
☐ Employee/Spouse	☐ Employee/Spouse	☐ Employee/Spouse	☐ Employee/Spouse	(Declining Health Cov)
☐ Employee/Children	☐ Employee/Children	☐ Employee/Children	☐ Employee/Children	
☐ Employee/Family	☐ Employee/Family	☐ Employee/Family	☐ Employee/Family	

IMPORTANT

(1) Include address and ZIP of dependent(s) residing outside of household.
(2) A child of the employee's dependent child can be listed as a dependent, only if IRS guidelines are met.
(3) Stepchildren can be listed as dependents only if the employee's address is their primary residence.
(4) A court-ordered dependent child is eligible.
(5) A child who is other than (1) a natural or adopted child, or (2) a court ordered dependent child; can be listed if the child meets IRS support guideline, resides with the employee, and to whom you are legal guardian.

Dependent's Full Name ☐ Husband ☐ Wife ☐ Add ☐ Drop Date of Birth (Mo/Day/Yr) / /

Dependent's Social Security No. Home Address, if different - No. and Street Name City State Zip

Dependent's Full Name ☐ Son ☐ Daughter ☐ Add ☐ Drop Date of Birth (Mo/Day/Yr) / /

Dependent's Social Security No. Home Address, if different - No. and Street Name City State Zip

Dependent's Full Name ☐ Son ☐ Daughter ☐ Add ☐ Drop Date of Birth (Mo/Day/Yr) / /

Dependent's Social Security No. Home Address, if different - No. and Street Name City State Zip

Dependent's Full Name ☐ Son ☐ Daughter ☐ Add ☐ Drop Date of Birth (Mo/Day/Yr) / /

Dependent's Social Security No. Home Address, if different - No. and Street Name City State Zip

I am an employee of North East Independent School District. I am eligible to participate in the coverage(s) afforded by my Employee Benefit Plan, which is either underwritten or administered by Blue Cross and Blue Shield of Texas, Inc. (BCBSTX) On behalf of myself and any dependents listed on this Application, I apply for those coverage(s) for which I am eligible. I state that the information given on my Application is true and correct. I understand and agree that any incorrect statements material to the risk and knowingly made by me will invalidate my coverage(s).

Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this Application is accepted, the coverage(s) will become effective in accordance with the provisions of the coverage(s).

I authorize my Employer to deduct from my wages or salary, any of the contributions as they become due. I agree that my Employer acts as my agent. All notices given to it are binding upon me. I also agree that my participation in the coverage(s) is subject to any future amendments. I understand no agent can: (1) accept risks, or (2) modify documents, or (3) waive any right or requirements.

I authorize any hospital, physician, dentist, provider, insurance carrier, or other entity to give the Companies, upon request, any information covering the health condition of any person included under the coverage(s) whenever the information is considered necessary by the Companies for proper disposition of the Application or of a claim submitted for payment.

Applicant's Signature _____ Date _____