



BlueCross BlueShield of Montana

An Independent Licensee of the Blue Cross and Blue Shield Association
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an Association of Independent Blue Cross and Blue Shield Plans

560 N. Park Avenue
P.O. Box 4309
Helena, Montana 59604
(406) 444-8200

Customer Information Line:
1-800-447-7828

Website:
www.bluecrossmontana.com

Thank you for your application for membership through Blue Cross and Blue Shield of Montana.

You have applied for health coverage that is designed and licensed only for persons that are not eligible for employer-sponsored coverage. Blue Cross and Blue Shield of Montana refers to this type of product as an "Individual Product." Employer sponsorship includes any of the following: contribution to the premium, placing stipulations on the insurance carrier you choose, or placing stipulations on the benefits you apply for, allowing you to pay premiums through a Section 125 plan ("cafeteria" or "flexible benefits" plan), or endorsing the coverage. If there is any employer contribution or sponsorship, we cannot issue an Individual Product contract.

Based upon the above information, and to ensure that Blue Cross and Blue Shield of Montana can maintain compliance with Montana laws, we request that you complete and return the enclosed questionnaire within 10 days. A return envelope is enclosed for your convenience.

Thank you for your cooperation. We look forward to providing coverage for you. Should you need any assistance, please call 1-800-447-7828, Extension 8720.

Underwriting Support Team
Individual Underwriting
Telephone: 1-800-447-7828, Extension 8720
Fax: (406) 444-8475
E-Mail: unwind@bcbsmt.com

Case
(UW15A)

QUESTIONNAIRE

Name: _____ Subscriber ID Number: _____

Name of Your Employer: _____

Number of Employees of Your Employer (approximate if exact number unknown) _____

1. Does your employer (or any union or other employee organization) make any payment or contribution toward the cost of your individual health insurance policy? Please mark "Yes" or "No."

(For example, this could be a cash payment directly to you or directly to the insurance company or a contribution under a "cafeteria" or "flex" plan, which can be used to pay the premiums.)

Yes No

2. Do you make any contribution or payment toward the cost of your individual health insurance policy through a "cafeteria," "flex" or other plan provided by your employer (union or other employee organization) that allows you to avoid paying income taxes on your contribution or payment? Please mark "Yes" or "No."

Yes No

⇨ If your answer to question #1 is "No," please go to the end, sign and return this questionnaire.

⇨ If your answer to question #1 is "Yes," please complete this questionnaire in its entirety, sign and return.

3. Are you allowed to elect to take the money from your employer (union or other employee organization) in cash (and spend it as you like) even if you choose not to buy health insurance? Please mark "Yes" or "No."

(Answer "No" if there is any rule, requirement or understanding that the money must be used only for health insurance, if there is any other benefit or advantage that you receive from your employer (union or other employee organization) only if you buy health insurance with the money, or if you are penalized in any way if you choose not to buy health insurance with the money)

Yes No

4. Please explain how your employer (union or other employee organization) reimburses you or pays some or all of your health insurance premiums for your individual policy. In this response please identify who your employer (union or other employee organization) makes the payment or contribution to.

5. On approximately what date did your employer (union or other employee organization) begin to reimburse you or pay for all or some of your health insurance premiums for your individual policy?

Month Day (*if known*) Year

I certify that the above information is true and correct to the best of my knowledge.

Signature

Date

Additional Comments: