



**Prior Medical Coverage (Preexisting condition waiting period is 3 months. Period may be credited with prior, continuous coverage).**

Prior Medical Carrier and Policy #:	List all participants enrolled in prior medical plan:	Effective Date: _____
		Termination Date: _____

**ADDITIONAL PLAN SELECTIONS**

Basic Life and AD&D Underwritten by Regence Life and Health	Basic Life and AD&D coverage is included when a medical plan is elected. Reductions: All Life & AD&D benefits reduce from the original amount to 65% at age 65, 50% at age 70, 30% at age 75, 20% at age 80 and terminate at retirement. (Amounts above the Guarantee Issue require a completed Evidence of Insurability form) GI Groups size = 5 - 9 = \$50,000 10 - 49 = \$75,000 50 - 99 = \$100,000		
Voluntary Life and AD&D Underwritten by Regence Life and Health	Increases of \$5,000 to a maximum of \$200,000 In no event shall the combined Basic and Voluntary benefits exceed \$250,000. (Available if employer elects coverage) <input type="checkbox"/> Employee Amount _____ <input type="checkbox"/> Spouse Amount (cannot exceed 50% of employee amount) _____		
Long Term Disability Underwritten by Regence Life and Health	Available when employer elects a Long Term Disability (LTD) plan. Coverage at 60% of employee salary subject to the plan maximum and elimination period. (If you waive coverage and elect to enroll at a later date you will need to submit satisfactory Evidence of Insurability before you can be insured under the LTD plan.)		
Alternative Dental Option	Underwritten by Dental Health Services <input type="checkbox"/> SmartSmile <input type="checkbox"/> Super SmartSmile	Employee Assistance Plan	<input type="checkbox"/> Wellspring Family Services (1 -3 Visit model)
Group Legal Plan	<input type="checkbox"/> 21 <sup>st</sup> Century Legal Plan (Complete separate 21 <sup>st</sup> Century Legal Plan form)	Voluntary Personal Accident	<input type="checkbox"/> Provided by Chartis Property Casualty Company (Complete separate enrollment form)

EMPLOYEE BENEFICIARY:	Primary Beneficiary Name and Relationship* for Basic Life/AD&D and Voluntary Life and/or AD&D	Primary Beneficiary Address
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EMPLOYEE BENEFICIARY:	Contingent Beneficiary Name and Relationship** for Basic Life/AD&D and Voluntary Life and/or AD&D	Contingent Beneficiary Address
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\* If more than one primary beneficiary is named, the primary beneficiaries shall share equally unless otherwise indicated above. \*\* Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at 100% each, please indicate them in order of precedence. In community property states, 50% of the payable benefit will be paid to the spouse unless the spouse signs a statement waiving the rights to the proceeds.

**Coordination of Benefits**

Other Insurance Carrier:	Policy ID #:	Effective Date:
Policy Holder's Name:	Phone #:	Date of Birth:
		Social Security #:
If you have Medicare What is the Begin date for:	Part A:	Part B:
		Medicare HIC # with Alpha Suffix:

Regence BlueShield: 1800 Ninth Avenue PO Box 21267, Seattle, WA 98111-3267 - Group Health Options, Inc.: 320 Westlake Avenue, Suite 100 Seattle, WA 98109  
 Washington Dental Service: 9706 4th Avenue NE Seattle, WA 98115 - Regence Life and Health Insurance: 100 S.W. Market St.; Portland, OR 97201-5702  
 Dental Health Services: 936 N. 34th Street, Suite 208 Seattle, WA 98103 - Vision Service Plan: 600 University St. Suite 2004 Seattle, WA 98101 - Wellspring Family Services: 615 2nd Avenue, Suite 150 Seattle, WA 98104  
 Chartis Property Casualty Company: 100 Connell Drive Berkley Heights, New Jersey 07922 - 21st Century Legal Plan: 401 Second Avenue South, Suite 700 Seattle, WA 98104

**SIGNATURE**

I have provided these answers as part of the application procedure required by the carrier to enroll in coverage and I certify that all information completed on this form is true, correct, and complete. I understand that the carrier will rely on each answer in making coverage and rating determinations. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I acknowledge and understand my health plan may request or disclose health information about me or my dependents (persons who are eligible for benefits coverage and are listed on the enrollment form) for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer health care benefits; or as required by law.\* Health information requested or disclosed may be related to treatment or services performed by: a physician, dentist, pharmacist or other physical or behavioral health care practitioner; a clinic, hospital, long term care or other medical facility; any other institution providing care treatment, consultation, pharmaceuticals or supplies; or an insurance carrier or group health plan. Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records, or hospital records (including nursing records and progress notes). This acknowledgement does not apply to obtaining information regarding psychotherapy notes. A separate authorization will be used for psychotherapy notes. \*For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Notice of Privacy Practices. A copy is available from the Regence BlueShield Web site at [www.wa.regence.com](http://www.wa.regence.com) or by phone at 1-800-458-3523 or 1-206-464-3663.

Employee Signature	Date	Employer Signature	Date
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