

Alaska Dental/Vision/Hearing Plan Application



Complete the following information for **each** person requesting coverage. Each applicant must be a current Alaska resident, and must complete a separate application.

APPLICANT INFORMATION			
Last Name	First Name	MI	Social Security Number (required) - -
Home Address		City / State / Zip	
Mailing Address (if different from Home Address)		City / State / Zip	
Home Telephone Number ()	Other Telephone Number ()	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY) / /

PLAN INFORMATION		
Contract Term Requested <input type="checkbox"/> 1 year term <input type="checkbox"/> 3 year term	Desired Effective Date* (MM/DD/YYYY) / /	Amount Enclosed \$ _____ (please refer to the rate schedule and enclose correct amount)

* Desired Effective Date: **Two days after postmark is the earliest effective date.** If there is no effective date specified above, coverage will become effective the first day of the month after the application is received and accepted by Premera Blue Cross Blue Shield of Alaska.

Application Provisions

I attest that:

- I am currently a resident of the State of Alaska
- I understand that the benefits of this contract will not duplicate any services or supplies covered under Medicare.
- This application is not an offer of coverage, and coverage does not begin until: (a) This application is received, reviewed, and accepted by Premera Blue Cross Blue Shield of Alaska and an effective date of coverage is assigned; and (b) My complete and correct payment is received. Submission of this application does not guarantee I will receive coverage. This application becomes part of my contract and if the application is inconsistent with the plan, the plan will govern. I understand that I have 10 days within which I may examine my contract and if I return the contract within the 10-day period, all paid subscription charges will be refunded and the contract will be void and considered never effective.
- I understand that the subscription charges must be paid at the time of application and that once coverage is effective, the paid subscription charge is nonrefundable regardless of any change in the applicant's situation, other than death. The subscription charge will be refunded in full if it is determined the applicant is not eligible for coverage, and the contract will be void and considered as never effective.
- I declare that, to the best of my knowledge, all of the information I have provided is true and complete. I understand that, if I have made false, incomplete, or misleading statements all entitlements to benefits are void and this contract may be canceled or modified retroactively to its effective date. I further understand that 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.

Premera Blue Cross Blue Shield of Alaska reserves the right to recover the amount of any benefits paid prior to such action, and to deduct that amount from any subscription charge or refund.

SIGNATURE
<p>I have read and agree to all provisions.</p> <p>Signature of Application/Subscriber (Parent/Legal Guardian, if under 18)</p> <p>X</p>

If you are applying for the first time and have questions, please contact Individual Plan Sales at 888-334-0109.

If you are a current member with Premera Blue Cross Blue Shield of Alaska, please contact Customer Service at **800-809-9361.**

Mail completed application to: Premera Blue Cross Blue Shield of Alaska Sales: 888-334-0109
P.O. Box 21762 Customer Service: 800-809-9361
Eagan, MN 55121

Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-809-9361 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-809-9361 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-809-9361 (TTY: 711) 번으로 전화해 주십시오.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-809-9361 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-809-9361 (телетайп: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-809-9361 (TTY: 711)。

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se togoti, mo oe, Telefoni mai: 800-809-9361 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-809-9361 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-809-9361 (TTY:711) まで、お電話にてご連絡ください。

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-809-9361 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-809-9361 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-809-9361 (телетайп: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-809-9361 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-809-9361 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-809-9361 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-809-9361 (رقم هاتف الصم والبكم: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-809-9361 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-809-9361 (ATS: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-809-9361 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-809-9361 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-809-9361 (TTY: 711) تماس بگیرید.