Alaska Dental/Vision/Hearing Plan Application

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

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 ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY) / /

PLAN INFORMATION

Contract Term Requested	Desired Effective Date* (MM/DD/YYYY)	Amount Enclosed
☐ 1 year term ☐ 3 year term	/ /	$ _____ (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

I have read and agree to all provisions.

Signature of Application/Subscriber (Parent/Legal Guardian, if under 18)

X

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
P.O. Box 21762
Eagan, MN 55121

Sales: 888-334-0109
Customer Service: 800-809-9361

Notice of availability and nondiscrimination 800-809-9361 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Vala‘au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa‘aopo‘opo talafeagai ma auaunaga.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d’assistance linguistique et des aides et services auxiliaires appropriés.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 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, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 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.