

Non-Smoker Certification

MS 295
PO Box 91120
Seattle, WA 98111-9220



FOR PREMIERA BLUE CROSS BLUE SHIELD OF ALASKA USE ONLY				
APPROVED	DISAPPROVED	DATE	ABC	INT'L
		/ /		

SUBSCRIBER OR APPLICANT NAME (PLEASE PRINT):			SUBSCRIBER ID #	
HOME ADDRESS (Not PO Box): STREET			SOCIAL SECURITY #	
CITY	STATE	ZIP	COUNTY	
MAILING ADDRESS (If different than home address): STREET				
CITY	STATE	ZIP	COUNTY	
TELEPHONE NUMBER - HOME ()		TELEPHONE NUMBER - WORK ()		

PLEASE CHECK THE BOX BELOW THAT APPLIES TO YOU:

<input type="checkbox"/> I am currently enrolled in an Individual Plan issued by Premera Blue Cross Blue Shield of Alaska.	<input type="checkbox"/> I am currently enrolled in an Individual Plan issued by Premera Blue Cross Blue Shield of Alaska, and wish to add my spouse (please attach completed Application).	<input type="checkbox"/> I am currently applying for coverage under an Individual Plan offered by Premera Blue Cross Blue Shield of Alaska (please attach completed Application).
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If you are a new applicant, or you are adding your spouse, your completed application MUST ALSO be approved by the Plan.

I certify that neither I nor my spouse, for whom I have made application for coverage, have used tobacco during the 12 months preceding the date of this certification.

I understand that this entitles me to the discounted subscription charges applicable to non-smokers, as shown on the enclosed rate schedule, for my Premera Blue Cross Blue Shield of Alaska Individual Plan.

I understand that Premera Blue Cross Blue Shield of Alaska may require me to re-certify my/our non-smoker status in the future, but not more often than once every year.

I understand that I must inform the Membership and Billing Department at Premera Blue Cross Blue Shield of Alaska, at once, in writing, if I or my spouse begin or resume smoking.

I understand that subscription charges will increase to the full undiscounted rate on the first of the month following the month in which I or my spouse, begin or resume smoking, notwithstanding any provisions of my Individual Contract to the contrary.

I understand that if I fail to truthfully and accurately complete this certification, Premera Blue Cross Blue Shield of Alaska may adjust my subscription charges retroactively to the full, undiscounted rate. Upon written notification, I must reimburse Premera Blue Cross Blue Shield of Alaska any amounts reduced from my subscription charges for the period for which I claimed eligibility for the "Non-Smoker Discount." If reimbursement is not made, such amounts will be deducted from future claims and from subscription charges already paid.

SIGNATURE OF SUBSCRIBER OR APPLICANT

_____/_____/_____
DATE

SPOUSE'S SIGNATURE (IF COVERED OR APPLYING)

_____/_____/_____
DATE

THIS CERTIFICATION, FOLLOWING RECEIPT AND APPROVAL BY PREMIERA BLUE CROSS BLUE SHIELD OF ALASKA, BECOMES A PART OF YOUR CONTRACT.

Non-Smoker Discount Rates are effective on the first billing period following receipt and approval of this Certification by the Plan. For further information, contact our Customer Service Department.

Toll Free 1-800-508-4722

TDD for the Hearing Impaired 1-800-842-5357

Notice of availability and nondiscrimination 800-508-4722 | 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.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่นๆ 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>.