

Group Dependent Addendum



Please complete the following when you have more than four dependents and attach it to the Group Member Application.

Employer group name	Group number	Dept. number	
Employee name	Social Security number*		
Phone number	Effective date		
Dependent Information			
Dependent #5 First name	Last name	M.I.	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Coverage applied for: <input type="checkbox"/> Medical <input type="checkbox"/> Dental			
Date of birth	Social Security number*		
**Primary care physician (PCP) name, street, city/town, state and ZIP code			
Is this dependent a current patient of the PCP listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent #6 First name	Last name	M.I.	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Coverage applied for: <input type="checkbox"/> Medical <input type="checkbox"/> Dental			
Date of birth	Social Security number*		
**Primary care physician (PCP) name, street, city/town, state and ZIP code			
Is this dependent a current patient of the PCP listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent #7 First name	Last name	M.I.	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Coverage applied for: <input type="checkbox"/> Medical <input type="checkbox"/> Dental			
Date of birth	Social Security number*		
**Primary care physician (PCP) name, street, city/town, state and ZIP code			
Is this dependent a current patient of the PCP listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Social Security number is required in order to comply with the reporting requirements of the Mandatory Insurance Reporting Law. See www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Group-Health-Plans/Overview.html

**If you choose the VantageBlue Select plan, you must select a Primary Care Physician (PCP) and other healthcare providers (including hospitals, specialists, labs, and durable medical equipment suppliers) from the VantageBlue Select network in order to get the lowest out-of-pocket healthcare costs (e.g., copayments and coinsurance). Providers in the VantageBlue Select network can be found at www.BCBSRI.com/VBSelectProviders or in the Find A Doctor tool on BCBSRI.com. If you do not seek services from a VantageBlue Select network provider or receive a network referral you will be responsible for the applicable higher out-of-network cost sharing.

Dependent #8 First name	Last name	M.I.	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Coverage applied for: <input type="checkbox"/> Medical <input type="checkbox"/> Dental			
Date of birth		Social Security number*	
**Primary care physician (PCP) name, street, city/town, state and ZIP code			
Is this dependent a current patient of the PCP listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature

By signing this form,

1.) I permit any physician, hospital, or other medical facility or provider to release medical records and reports to Blue Cross & Blue Shield of Rhode Island (BCBSRI) for me and my minor dependents. I permit BCBSRI to use such medical records and reports for purposes of:

- claims payment,
- case management,
- coordination of benefits,
- any other purpose directly related to the administration of BCBSRI, and
- inviting me and my enrolled members to take part in medical, disease, or case management programs.

This approval shall end two (2) years from the issue date of this plan, unless canceled sooner.

2.) I certify the information is true and complete to the best of my knowledge.

If VantageBlue Select is chosen: I understand and acknowledge that in choosing the VantageBlue Select plan, I have chosen a plan with a specified network of providers and that I have reviewed the list of primary care physicians, hospitals, obstetrician/gynecologists and pediatricians in the network at www.BCBSRI.com/VBSelectProviders. Although I may choose to go to providers outside of the network, in order to get the lowest out-of-pocket costs, I have to get services from providers (including hospitals, specialists, labs, and durable medical equipment suppliers) from the VantageBlue Select network. If I get a referral to see an out-of-network provider, my out-of-pocket costs will be the same as if I go to a provider in the VantageBlue Select network. I understand that if I do not get a referral to see an out-of-network provider, other than for emergency care, my out-of-pocket costs will be higher.



Signature of applicant

Date

*Social Security number is required in order to comply with the reporting requirements of the Mandatory Insurance Reporting Law. See www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Group-Health-Plans/Overview.html

**If you choose the VantageBlue Select plan, you must select a Primary Care Physician (PCP) and other healthcare providers (including hospitals, specialists, labs, and durable medical equipment suppliers) from the VantageBlue Select network in order to get the lowest out-of-pocket healthcare costs (e.g., copayments and coinsurance). Providers in the VantageBlue Select network can be found at www.BCBSRI.com/VBSelectProviders or in the Find A Doctor tool on BCBSRI.com. If you do not seek services from a VantageBlue Select network provider or receive a network referral you will be responsible for the applicable higher out-of-network cost sharing.



www.BCBSRI.com

500 Exchange Street • Providence, RI 02903-2699

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

07/14 PER-15570 • 8453

Application rec'd date _____	ID # _____
------------------------------	------------

Group DEP ADD (7/14)