



AccessBlue Application

Please complete the following to apply for AccessBlue.

Section 1 Applicant Information		
Name		Date of birth (mm/dd/yyyy)
Address (street/apartment number)		Social security number (xxx-xx-xxxx)
City	State	ZIP code
Phone	BCBSRI member ID number (if applicable)	

Are you eligible for any of the following?

- 1. Health coverage from your employer Yes No
- 2. Medicaid Yes No
- 3. Medicare Part A Yes No
- 4. Medicare Part B Yes No

Section 2 Household Income (Application cannot be processed without supporting documentation.)

Please attach a copy of one of the following from the previous year:

- Federal Income Tax Form 1040 Federal Income Tax Form 1040A Federal Income Tax Form 1040EZ
- By checking this box, you are attesting that you are **not eligible** to receive a federal tax credit through HealthSource RI. (To find out if you are eligible, please visit HealthSourceRI.com and use their calculator.)

Based on this information, if funds are available when you apply, a credit will be applied to your medical premium and will appear on your monthly bill.

- \$50 credit for BasicBlue Direct plan
- \$100 credit for VantageBlue Direct, VantageBlue SelectRI Direct and BlueSolutions for HSA Direct plans.

Section 3 Signature

Please read carefully before signing:

I certify that I have read the above information or that it has been read to me and that the statements I've made above are true and complete to the best of my knowledge and belief. I understand that any intentional misrepresentation above may result in my termination from AccessBlue.

Signature of applicant: _____ Date: _____
(Signature of parent or guardian if applicant is under 18 years of age)

Section 4 Mailing Information

Please mail your completed application and financial documentation to:

Blue Cross & Blue Shield of Rhode Island
Attention: Client Operations
500 Exchange Street
Providence, RI 02903-2699

Sales rec'd _____ Sales eff. date _____ ID# _____ Send out _____ Send back in _____

Results _____ Determination _____ Complete date _____ Initial _____



500 Exchange Street • Providence, RI 02903-2699

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