Small Group Member Application
for VantageBlue Select, Dental and Vision Insurance

Blue Cross Blue Shield of Rhode Island

Please be sure ALL information below is complete to avoid delays in processing.
Please print clearly **using blue or black ink or type in information**.

Section 1 Employer Information (To be completed by plan administrator.)

Group name _____ Effective date___ / ___ / _____ Date of hire ___ / ___ / _____

Group number_____ Department number _____

Choose one:

- ☐ Open enrollment
- ☐ New hire
- ☐ COBRA
- ☐ Loss of coverage (Evidence of prior coverage)
- ☐ Other_____

or **Add dependent(s)**

- ☐ Spouse
- ☐ Dependent

(Must apply within 30 days of marriage, birth, or adoption of dependent.)

Section 2 Employee Information

Last name _____ First name _____ M.I. ____ Suffix _____

Home address _____ City/town _____ State _____ ZIP code _____

Mailing address _____

Date of birth (mm/dd/yyyy) ___ / ___ / _____ Gender ☐ M ☐ F Social security number[1] _____-____-_____

Home phone number _____-_____-_____ Cell phone number _____-_____-_____

Marital status (please check one) ☐ Single ☐ Married ☐ Divorced ☐ Common Law ☐ Civil Union ☐ Domestic Partner

What is your primary language spoken? _____ E-mail address _____

Race (please check one) ☐ Prefer not to answer

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Multiracial ☐ Native Hawaiian or other Pacific Islander ☐ White

Primary care physician (PCP) name, address[2] _____

_____

Are you a current patient? ☐ Yes ☐ No

[1] 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

[2] By choosing 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.

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Section 3 Health Plan Options

Plan Type

☐ **Medical:** ☐ Individual ☐ Family

☐ **Dental:** ☐ Individual ☐ Family

☐ **Vision:** ☐ Individual ☐ Family

By completing this application you will be enrolled in VantageBlue Select.

Section 4 Spouse or Domestic Partner Information

Last name _____ First name _____ M.I. _____ Suffix _____

Coverage applied for: ☐ Medical ☐ Dental ☐ Vision

Home address (if different from applicant) _____

Date of birth (mm/dd/yyyy) ___ / ___ / _____ Gender ☐ M ☐ F Social security number[1] _____-____-_____

Home phone number _____-_____-_____ Cell phone number _____-_____-_____

E-mail address _____

Primary care physician (PCP) name, address[2] _____

_____

Is this dependent a current patient of the PCP listed above? ☐ Yes ☐ No

Section 5 Dependent Information

Dependent #1

Last name _____ First name _____ M.I. _____Suffix _____

Relationship ☐ Son ☐ Daughter Coverage applied for: ☐ Medical ☐ Dental ☐ Vision

Date of birth (mm/dd/yyyy) ___ / ___ / _____ Social security number[1] _____-____-_____

Primary care physician (PCP) name, address[2] _____

_____

Is this dependent a current patient of the PCP listed above? ☐ Yes ☐ No

Dependent #2

Last name _____ First name _____ M.I. _____Suffix _____

Relationship ☐ Son ☐ Daughter Coverage applied for: ☐ Medical ☐ Dental ☐ Vision

Date of birth (mm/dd/yyyy) ___ / ___ / _____ Social security number[1] _____-____-_____

Primary care physician (PCP) name, address[2] _____

_____

Is this dependent a current patient of the PCP listed above? ☐ Yes ☐ No

[1]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

[2]By choosing 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.

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Dependent #3

Last name _____First name _____ M.I. _____Suffix _____

Relationship ☐ Son ☐ Daughter Coverage applied for: ☐ Medical ☐ Dental ☐ Vision

Date of birth (mm/dd/yyyy) ___ / ___ / _____ Social security number[1] _____-____-_____

Primary care physician (PCP) name, address[2] _____

_____

Is this dependent a current patient of the PCP listed above? ☐ Yes ☐ No

Dependent #4

Last name _____First name _____ M.I. _____Suffix _____

Relationship ☐ Son ☐ Daughter Coverage applied for: ☐ Medical ☐ Dental ☐ Vision

Date of birth (mm/dd/yyyy) ___ / ___ / _____ Social security number[1] _____-____-_____

Primary care physician (PCP) name, address[2] _____

_____

Is this dependent a current patient of the PCP listed above? ☐ Yes ☐ No

Dependent #5

Last name _____First name _____ M.I. _____Suffix _____

Relationship ☐ Son ☐ Daughter Coverage applied for: ☐ Medical ☐ Dental ☐ Vision

Date of birth (mm/dd/yyyy) ___ / ___ / _____ Social security number[1] _____-____-_____

Primary care physician (PCP) name, address[2] _____

_____

Is this dependent a current patient of the PCP listed above? ☐ Yes ☐ No

☐ **Check here if Group Dependent Addendum form will be attached**
(Found on BCBSRI.com in the Small Group Employer Forms Section of Understanding My Plan)

[1]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

[2]By choosing 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.

Section 6 Other Insurance and Medicare

Are you or any of your dependents covered by other insurance? ☐ Yes ☐ No
Name of other insurance company and name(s) of covered person(s):

Covered person 1 _____

Insurance company _____Member ID#1 _____

Covered person 2 _____

Insurance company _____Member ID#2 _____

What is the name of your prior medical insurance carrier? _____

When did your medical coverage end? (mm/dd/yyyy) ___ / ___ / _____
Please attach evidence of prior coverage showing coverage and end date.

Is anyone named in this application eligible for Medicare? ☐ Yes ☐ No
If yes, name of eligible person _____

Is the eligible person ☐ Over 65 ☐ Disabled Retired date (if applicable)_____
Medicare number__ __ __ - __ __ - __ __ __ __ - _____

Effective dates: Part A (hospital): _____ Part B (medical): _____

Section 7 Signature

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.

SIGN HERE ☞

_____

Signature of Applicant or signature of parent or guardian *if applicant is under 18 years of age* Date

Application rec'd date_____ ID #_____

Blue Cross Blue Shield of Rhode Island

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