

Group Dependent Addendum



Please complete the following for additional dependants 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 #6

Last name _____ First name _____ M.I. _____ Suffix _____
Relationship Son Daughter Coverage applied for: Medical Dental Vision
Date of birth (mm/dd/yyyy) ___ / ___ / _____ Social security number¹ _____ - _____ - _____
Primary care physician (PCP) name, address² _____

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

Dependent #7

Last name _____ First name _____ M.I. _____ Suffix _____
Relationship Son Daughter Coverage applied for: Medical Dental Vision
Date of birth (mm/dd/yyyy) ___ / ___ / _____ Social security number¹ _____ - _____ - _____
Primary care physician (PCP) name, address² _____

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

Dependent #8

Last name _____ First name _____ M.I. _____ Suffix _____
Relationship Son Daughter Coverage applied for: Medical Dental Vision
Date of birth (mm/dd/yyyy) ___ / ___ / _____ Social security number¹ _____ - _____ - _____
Primary care physician (PCP) name, address² _____

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

¹Social 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

²By 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.

(continued)

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 or signature of parent or guardian
if applicant is under 18 years of age

Date

Application rec'd date _____ ID # _____

¹Social 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

²By 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.



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.

10/15 PER-17394-8453