Excellus

sociation A nonprofit independent licensee of the Blue Cross Blue Shield A

3 2 %R[(DJDQ 01

,QVWUXFWLRQV RQ %DFN $OO &RXWHIV LIPQ PDGH &KHFN LI QHZ DGGUHVV 3OHDVH SULQW FO

9 &+(&. '(6,5(' $&7,2	9 &+(& '(6,5(' &29(5$*(	9 &+(&. 3(5&1 6 &29(5
‰ Add Subscriber (AA) College Enrollment Date [mo/day/yr] Coverage Effective Date [mo/day/yr]		6HOI 6SRXVH &KLOG UHQ &KLOG UHQ $ %
‰ Add Subscriber (AA) College Enrollment Date [mo/day/yr] Coverage Effective Date [mo/day/yr]		‰ ‰
‰ Add Subscriber (AS) Special Enrollment Period (SEP) Special Enrollment Period ___/___/___ Coverage Effective Date ___/___/___		
‰ Add Dependent (AD) Special Enrollment Period (SEP) Special Enrollment Period ___/___/___ Coverage Effective Date ___/___/___	‰ Cancel Subscriber (S) ‰ Cancel Dependent (M) Reason Code (see back) _____ Cancellation Date ___/___/___	

68%6&5,%(5 ,1)250$7,21 VW EH FRPSOHWHG

6RFLDO 6HFXULW\ %LUWKGDWH

/DVW 1DPH) LUVW

6WUHHW

&LW\ 6WDWH =LS

_ (0DLO $GGUHV

0(',&$5(+($/7+ ,1685$1&(&/$,0 3DW % (IIHFWLYH

)$0,/< 0(0%(5 ,1)250$7,21&KHFN UHODWLRQVKLS DQG LQGLFDWH &RYHUDJH &RQFHO

‰ (S)pouse ‰ (D)ependent ‰ Student (T) ‰ (H)disabled ‰ Other _____ Last Name (if different) First Name	Social Security #	Gender ‰ M ‰ F ‰ ;	Birthdate (mm/dd/yy) ____/____/____	
‰ (S)pouse ‰ (D)ependent ‰ Student (T) ‰ (H)disabled ‰ Other _____ Last Name (if different) First Name	Social Security #	Gender	Birthdate (mm/dd/yy) ____/____/____	

‰ (S)pouse ‰ e

,QVWUXFWLRQV IRU FRPSOHWLQJ WKH (QUROOPHQW

'(6,5(' $&7,21 &KHFN WKH DSSURSULDWH DFWLRQ DQG LQGLFDWH WKH GDWH (QUROOPHQW 3HULRG RI
RFFXUUHQFH GXH WR PDUULDJH LQ GLYRUFH ELUWK RU DGRSWLRQ DQQXDO HQUROOPHQW RU FKDQJH LQ VWDWXV WH
WKH 6SHFLDO (QUROOPHQW VLPZ 0W L€PSFH FH† \RXU