HIGHMARK WESTERN NEW YORK | Blue Edge Dental

BLUE EDGE DENTAL
APPLICATION FOR INDIVIDUAL DENTAL INSURANCE

Use for the following counties: Allegany, Chautauqua, Cattaraugus, Erie, Genesee, Niagara, Orleans, and Wyoming counties

POLICYHOLDER'S INFORMATION

Requested Effective Date			Social Security Number		
Policyholder's Name *(Last)*	*(First)*		*(Middle Initial)*	*(Suffix)*	❑ Male ❑ Female
Phone Number ( )	❑ Home	❑ Work	❑ Cell	Date of Birth	Email
Home Address	City		State	Zip Code	

DEPENDENT INFORMATION

Last Name / First Name / Middle Initial	Social Security Number	Birth Date Month	Birth Date Day	Birth Date Year	Gender	Dis-abled
Spouse					❑ Male ❑ Female	
Dependent (A)					❑ Male ❑ Female	❑ Yes ❑ No
Dependent (B)					❑ Male ❑ Female	❑ Yes ❑ No
Dependent (C)					❑ Male ❑ Female	❑ Yes ❑ No
Dependent (D)					❑ Male ❑ Female	❑ Yes ❑ No

GENERAL INFORMATION

My Individual Dental Insurance will be covering:

❑ Self ❑ Self and Children ❑ Self and Spouse/Domestic Partner ❑ Family

Plan Selection:

❑ Premier ❑ Value

Monthly premium payment: $ ____________________

READ AND SIGN BELOW

I acknowledge and agree that any personally identifiable health information about me or my enrolled dependents ("Protected Health Information") is protected by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, and that, in accordance with those laws, Highmark Blue Cross Blue Shield of Western New York may use and disclose Protected Health Information for payment, treatment and health care operations as described in its Notice of Privacy Practices. I understand that a copy of Highmark BCBSWNY's Notice of Privacy Practices is available on Highmark BCBSWNY's website, or from the Highmark BCBSWNY Privacy Office.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's Signature **Date**

PAYMENT INFORMATION

Payment Enclosed $	Group Number	Company Code 66	Applicant's Social Security Number

Mail to Highmark Blue Cross Blue Shield of Western New York, P.O. Box 640728, Pittsburgh, PA 15264-0728

Only producers need to bother with this next section.
If you aren't a producer, you do not need to fill this page out.

Producers Certificate

If this section is not fully completed, we will not pay a commission.

NATIONAL PRODUCER NUMBER (NPN)

PRODUCER'S NAME (LAST, FIRST, MIDDLE INITIAL)

AGENCY NAME

PRODUCER'S SIGNATURE

BUSINESS PHONE NUMBER

( ) -

A PRODUCER must complete this section to act on the applicant's behalf.

1. Consider how the applicant answered your questions. Do you know of any factors impacting the applicant's eligibility? What about his/her dependents applying for this coverage?

O Yes O No

PRODUCER SIGNATURE

DATE

AGENCY

2. Have you provided the applicant with all relevant marketing materials?

O Yes O No

3. Have you advised the applicant of the features of the product that he/she has selected, including satisfying his/her deductible(s)?

O Yes O No

4. Is this applicant a current customer of Highmark BCBSWNY?

O Yes O No

5. Have you retained a signed copy of this application for your records?

O Yes O No

Note: **No producer may:**

1. Accept risk or pass on any eligibility requirements;
2. Make or alter the terms of the Application or policy; or
3. Waive any of Highmark BCBSWNY's rights or requirements.

Highmark Blue Cross Blue Shield of Western New York
c/o Highmark Inc.
120 Fifth Ave.
Pittsburgh, PA 15222

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

Internal use only

NATIONAL PRODUCER NUMBER (NPN)

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.