

APPLICATION UPDATE FORM

(To Be Used With Idaho Individual or Small Employer Applications)



An Independent Licensee of the Blue Cross and Blue Shield Association

The undersigned does hereby certify, acknowledge, understand and agree as follows:

1. There have been no changes in the medical information for any person provided on the application for health insurance with Regence BlueShield of Idaho dated ____/____/____ except as follows (use extra paper if necessary):

Applicant Name: _____

Medical Condition: _____

Treatment: _____

Dates: _____

Physician's Name: _____

Recovery complete? _____

Future treatment required? _____

2. I affirm the answers given in this "Application Update Form" are complete and correct and Regence BlueShield of Idaho can rely on this information to determine the insurability of each person applying for coverage.
3. I understand if this form contains any material misrepresentations or omissions, Regence BlueShield of Idaho may deny coverage retroactively and/or take any other legal action available by law.
4. No coverage shall be in force until approved by Regence BlueShield of Idaho. If approved, coverage will be in force as of the effective date determined by Regence BlueShield of Idaho.
5. No agent, independent producer, or employee of the insurance carrier, or of my employer can change any part of this application or waive the requirement that I answer all questions completely and accurately.

Print Applicant's Name

Phone Number

Applicant's Signature

Date