

7 Acknowledgments and Signatures *(cont.)*

- 9. If I gave an email address in this application, I agree to receive email from BCBSAZ at that email address, including a Summary of Benefits and Coverage for my insurance plan. I understand that I may also call BCBSAZ at (877) 475-8440 to obtain a paper copy of the Summary of Benefits and Coverage at any time.
- 10. I understand that by using this application and not buying health insurance from the federal health insurance marketplace (also called the healthcare exchange) that I will not be eligible for any federal financial help to pay for my insurance or medical care during this calendar year.
- 11. I understand and agree that when BCBSAZ sends me information by mail or email at the addresses and in the manner I have asked, it will be presumed that I have gotten the information: (1) on delivery, if hand-delivered; (2) if mailed, on the earlier of the day I actually receive the mail, or five days after BCBSAZ deposits the information in the U.S. mail, postage prepaid; or (3) if transmitted by email, on the earlier of the day I actually receive the email or 24 hours after BCBSAZ emails it to my email address of record.

All persons named on this application age 18 and older must sign and date this form, to show that they understand and agree to the terms listed above. Please keep a copy of this application. A duplicate copy of this application is available to you or your authorized representative upon request.

Signature

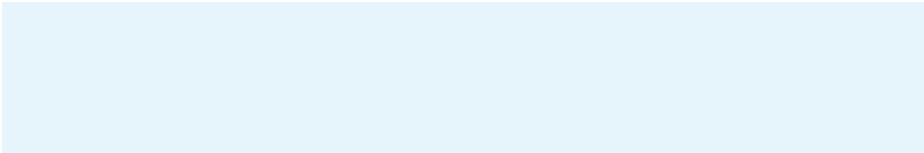
Today's Date (MM/DD/YYYY)

X _____	____/____/____
X _____	____/____/____
X _____	____/____/____
X _____	____/____/____

If you are the legal guardian, please attach a copy of the guardianship papers.

If you would like Blue Cross Blue Shield of Arizona (BCBSAZ) to share personal information with other people please complete a Confidential Information Release form which was provided with this application.

Please return all pages of this application to:



For questions about this application form and how to fill it out, please call your health insurance broker or BCBSAZ at (602) 864-4899 or toll-free at (877) 864-4899.

For questions about the status of your filed application or enrollment, please call (602) 864-4115 or toll-free at (800) 232-2345, ext. 4115.

To authorize someone else to have access to your personal information, you must complete the Confidential Information Release form which was provided with this application.

Additional forms are available from your broker, the BCBSAZ website at azblue.com in the forms section, or by calling (602) 864-4899 or toll-free at (877) 864-4899.

Para obtener asistencia en Español, llame al (602) 864-4884 or (800) 232-2345 ext. 4884.
Kung kailangan niyo ang tulong sa Tagalog tumawag sa (877) 475-4799.
Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' (877) 475-4799.
如果需要中文的帮助，请拨打这个号码 (877) 475-4799.