



"The undersigned acknowledges that any agent is acting on his/her behalf for purposes of purchasing the insurance, and that if HCSC accepts this application and issues an Individual Policy, HCSC may pay the agent a commission and/or other compensation in connection with the issuance of such Individual Policy. The undersigned further acknowledges that if he/she desires additional information regarding any commissions or other compensation paid the agent by HCSC in connection with the issuance of the Individual Policy, he/she should contact the agent."

**IMPORTANT:** Your application must be signed and dated by all applicants as required. (This includes your spouse and all dependents age 18 or over who are applying for coverage.) Missing signatures or dates will cause a delay in processing.

Primary Applicant's Signature: \_\_\_\_\_ Date     /     /    

Spouse's Signature (only if to be insured): \_\_\_\_\_ Date     /     /    

Parent/Guardian Signature (if primary applicant is a minor): \_\_\_\_\_ Date     /     /    

Dependent's Signature (ONLY if 18 or over and ONLY if to be insured): \_\_\_\_\_ Date     /     /    

Dependent's Signature (ONLY if 18 or over and ONLY if to be insured): \_\_\_\_\_ Date     /     /    

Agent's Signature: X \_\_\_\_\_ Date     /     /    

Print Your Name as You Signed it: \_\_\_\_\_ Agent's Phone Number: \_\_\_\_\_

Agent's Code: \_\_\_\_\_

## Premium Payment

The entire premium must be submitted with the application.

## How to Calculate Rates

- Step 1** Determine your area based on the ZIP code from the ZIP code area listing in the book.
- Step 2** Select the rate chart that corresponds to your sex. Find the rate corresponding to the chosen deductible (\$500, \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000), your area and age.
- Step 3** Select the rate chart that corresponds to your spouse's sex. Find the rate corresponding to the chosen deductible (\$500, \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000), your spouse's area and age.
- Step 4** Find the appropriate child(ren) rate by checking the deductible, area and selecting: 1 child or 2+ children.  
  
**Note: If only children are applying, use one application per child. Do not use the dependent rates.**  
  
Select the rate chart that corresponds to the child's sex. Find the rate corresponding to the chosen deductible (\$500, \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000), the child's area and age.
- Step 5** Add the rates for you, your spouse, if applicable, and your child(ren), if applicable.
- Step 6** Multiply the total from Step 5 by the number of months of coverage you need (1, 2, 3, 4, 5 or 6 months).
- Step 7** This is the total premium for the coverage period selected.

Applicant Rate	\$ _____
	+
Spouse's Rate	\$ _____
	+
Child(ren) Rate	\$ _____
	=
Total Monthly Rate	\$ _____
	X
Coverage Period	
(1, 2, 3, 4, 5, 6 months)	_____ months
	=
Total Premium Due	\$ _____

**Make your check payable to: Blue Cross and Blue Shield of Illinois.**

Premium Amount Enclosed \$ \_\_\_\_\_

**Note:** Deductibles are per person, per benefit period. There is no deductible credit or carry over from one Contract to another.