



Personal Health Insurance Certification for Employees

I am applying for individual, personal health insurance coverage for myself and/or my eligible family member(s). I understand and agree that this coverage is not intended by my employer, by myself, or by Blue Cross and Blue Shield of Illinois to be or become group insurance under federal or state law. Furthermore, I understand that this application for health insurance will be medically underwritten and coverage is not guaranteed.

In addition, I am personally paying the entire premium for this health insurance coverage. My employer is not contributing in any way to the payment of premium, either directly or indirectly. This includes, but is not limited to, reimbursement or adjustments to my compensation.

This application to Blue Cross and Blue Shield of Illinois represents my personal choice of insurance company, policy and the specific benefits of the policy that has been selected. My choice was made independently and was not made upon any recommendation or suggestion of my employer.

Any direction and authorization by me to my employer to deduct from my pay and remit an amount equal to the premium for the Blue Cross and Blue Shield of Illinois individual health insurance coverage that has been selected is merely a means to facilitate payment of policy premiums. Furthermore, my employer shall be acting as my agent for the purpose of deducting and remitting premium on my behalf.

If for any reason this coverage shall become group insurance under federal or state law, I understand and agree that the sole obligation of Blue Cross and Blue Shield of Illinois shall be to continue to provide the benefits of the individual insurance policy that is/was in force at the time of the occurrence of such event. I also agree at that time that the payroll deduction and remittance authorization I gave to my employer is automatically revoked. I can maintain the individual coverage by submitting premium directly to Blue Cross and Blue Shield of Illinois in another manner and form as made available by Blue Cross and Blue Shield of Illinois at that time.

My signature below indicates that I have read and understand this Personal Health Insurance Certification.

Date

Employee's Signature

Full Name of Employer (please print)

Employee's SSN

Name of Primary Applicant
(if different than Employee)

Primary Applicant's SSN
(if different than Employee)