



PLEASE USE BLUE OR BLACK INK ONLY  
IF YOU ARE DECLINING COVERAGE, PLEASE GO TO BACK OF FORM.

EEW-15

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association® Registered marks of the BlueCross BlueShield Association, an Association of Independent BlueCross BlueShield Plans  
APP-EEW (6/15)

EMPLOYEE FIRST NAME | | | | | | | | | | | |

**Section 4 - Dependent Information - Please provide all information for each person to be covered. Consult employer guidelines for dependent eligibility.**

SSN/TIN\*\*  
| | | | | | | | | | |

SSN/TIN\*\*

☐ Full-time Student Over 19

SSN/TIN\*\*  
| | | | | | | | | |

☐ Full-time Student Over 19

SSN/TIN\*\*

☐ Full-time Student Over 19

**Section 5 – Ancillary Insurance Information ( NOTE: Products are offered by USABLE Life or other carriers which are independent and solely responsible. These are NOT BlueCross BlueShield products.)**

**Section 6 – Waiver of Coverage - Complete this section to waive coverage, however, your Employer may require an additional, separate waiver form.**

GROUP NAME \_\_\_\_\_

EMPLOYEE DATE OF BIRTH

☐ Other

DATE        /        /       

Special Enrollment Period for Medical, Dental and Vision: An Employee or eligible dependent who did not apply for coverage within thirty-one (31) days of first becoming eligible for coverage under this Plan may enroll if: 1) he or she had other health care coverage at the time coverage under this plan was previously offered; and 2) he or she stated, in writing, at the time coverage under this Plan was previously offered, that such other coverage was the reason for declining coverage under this Plan; and 3) such other coverage is exhausted (if the other coverage was continuation coverage under COBRA) or the other coverage was terminated because he or she ceased to be eligible due to involuntary termination or employer contributions for such coverage ended; and 4) he or she applies for coverage under this Plan and the administrator receives the change form within thirty-one (31) days after the loss of other coverage. The Employee also may enroll at the next Open Enrollment Period.