



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Individual BlueDental PPO/Choice Dental

BlueKC.com • One Pershing Square, 2301 Main, P.O. Box 419169, Kansas City, MO 64141-6169 • 816-395-2222

REQUESTED EFFECTIVE DATE: _____ Effective the 1st or 15th of each month ONLY Application must be received prior to the effective date	PLEASE CHECK EITHER "New Application" OR "Change": <input type="checkbox"/> New Application For individuals who currently have dental coverage as a dependent with Blue Cross and Blue Shield of Kansas City (Blue KC), have you been continuously covered for at least 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please provide the certificate number (found on your Blue KC member I.D. card): _____ <input type="checkbox"/> Change (If application is to be used as a change form, please specify below): <input type="checkbox"/> Address Change <input type="checkbox"/> Other Reason for Change (Required): _____	LIST BILL NO. _____
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I Applicant /Family Information - List ONLY those individuals desiring coverage

SOCIAL SECURITY NO.	LAST NAME	FIRST NAME	M.I.	GENDER	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
APPLICANT				<input type="checkbox"/> Male <input type="checkbox"/> Female		
SPOUSE				<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD				<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD				<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD				<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD				<input type="checkbox"/> Male <input type="checkbox"/> Female		

II Billing Information

1. NAME							
2. *HOME ADDRESS				*CITY	*STATE	*COUNTY	*ZIP CODE
3. *BILLING ADDRESS (If different than above): <input type="checkbox"/> Billing Only <input type="checkbox"/> Billing and All Correspondence				*CITY	*STATE	*COUNTY	*ZIP CODE
4. DAYTIME PHONE NO.	5. HOME PHONE NO.	6. E-MAIL ADDRESS <i>Blue Cross and Blue Shield of Kansas City (Blue KC) may use this email address to provide documents, materials and other notices related to coverage.</i>					

If you or your dependent currently have individual or group health coverage through Blue KC, please specify your certificate number (this information can be found on your Blue KC member I.D. card): _____ (Please provide all member I.D. numbers)

* Home address denotes applicant's permanent legal address and must be completed. Alternate address should be selected if billing, I.D. cards, etc. should go to a different address than the applicant's home address.

Member Information (Please provide again to assist in case pages become separated)
 LAST NAME: _____ FIRST NAME: _____ SOCIAL SECURITY NO.: _____

III Coverage Selection

Dental PPO Base Plans: <i>Check one if desired.</i>		Standard Plan Details
<input type="checkbox"/> BlueDental 1000 Preventive (Type I) Basic (Type II)		Deductible: \$50 for Type II PPO Network Coinsurance: 100% (I) / 80% (II) Choice Network Coinsurance: 85% (I) / 70% (II) Calendar Year Maximum: \$1,000
<input type="checkbox"/> BlueDental Plus 1000 Preventive (Type I) Basic (Type II) Major (Type III)		Deductible: \$50 (Type II) / \$200 (Type III) PPO Network Coinsurance: 100% (I) / 80% (II) / 50% (III) Choice Network Coinsurance: 85% (I) / 70% (II) / 50% (III) Calendar Year Maximum: \$1,000
<input type="checkbox"/> BlueDental Plus 1200 Preventive (Type I) Basic (Type II) Major (Type III)		Deductible: \$50 (Type II) / \$150 (Type III) PPO Network Coinsurance: 100% (I) / 80% (II) / 50% (III) Choice Network Coinsurance: 85% (I) / 70% (II) / 50% (III) Calendar Year Maximum: \$1,200
<input type="checkbox"/> BlueDental Plus 1500 Preventive (Type I) Basic (Type II) Major (Type III)		Deductible: \$50 (Type II) / \$150 (Type III) PPO Network Coinsurance: 100% (I) / 80% (II) / 50% (III) Choice Network Coinsurance: 85% (I) / 70% (II) / 50% (III) Calendar Year Maximum: \$1,500
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<p>Have you and/or any person applying for coverage been covered under a previous dental insurance plan? If yes, please provide the following information. Please note: Coverage must be in force for the past 6 months with no gap in coverage in order to waive any applicable waiting periods for Type 2 services. Coverage must be in force for the past 12 months with no gap in coverage in order to waive any applicable waiting periods for Type 3 services.</p> <p>Name(s) of individuals covered: _____</p> <p>Carrier name(s): _____</p> <p>Policy ID number(s): _____</p> <p>Effective date(s): _____</p> <p>Termination date(s): _____</p>

IV Payment Option

The membership premium is to be

Automatically deducted (electronic funds transfer) from my checking account monthly Charged to my credit card

Billed to my home every month

V Agreement

I request coverage under the Preferred-Care Dental Contract issued by Blue Cross and Blue Shield of Kansas City ("Blue KC"). I understand services will be available subject to the exclusions, limitations and benefits described in the Contract. I understand that any misstatement on this enrollment application may result in a denial of a claim and/or discontinuation of coverage. I understand that if at any time it is determined by Blue KC that a person listed on this application did not meet the policy's definition of dependent, or I misrepresented any of the information contained herein, Blue KC has the right to cancel or rescind coverage for the person or for all persons under the application, and to recover any benefit payments for such ineligible person(s). I understand no statement I make voids my coverage or reduces my benefits after my coverage has been in force for two (2) years from the effective date, unless my statements are material to the risk assumed and contained in my written application. I understand my dental records will be maintained with strict confidentiality by Blue KC in accordance with applicable federal and state laws. I understand that the Contract and other documents, notices and communications regarding my coverage may be transmitted electronically. **You agree that by checking "Yes" you consent and request that Blue Cross and Blue Shield of Kansas City, our affiliates, and those acting on our or their behalf, may call or text you using an automated telephone dialing system and/or a prerecorded message. The types of calls or texts you may receive include advertisements or telemarketing messages concerning our or our affiliates' benefits and services. You understand that consent is not a condition of purchase.** YES NO

(Parent or guardian signature required for minors under the age of 18.)

Applicant's (Parent/Guardian's) Signature: _____	Spouse's Signature (if enrolling): _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____

Member Information (Please provide again to assist in case pages become separated)		
LAST NAME:	FIRST NAME:	SOCIAL SECURITY NO.:

VI Broker Representation (if applicable)

I represent that to the best of my knowledge all statements are complete and accurate.			Blue KC Broker Number
PRINTED BROKER'S NAME	BROKER SIGNATURE	DATE	REQUIRED
TELEPHONE NUMBER	E-MAIL ADDRESS		

[VII] Notices

Discrimination is Against the Law:
 Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service, 816-395-6340 (local), 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Member Information (Please provide again to assist in case pages become separated)

LAST NAME:

FIRST NAME:

SOCIAL SECURITY NO.:

Need this Communication in Another Language?

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

1. Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

2. Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-844-395-7126。

3. Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

4. German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

5. Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue KC에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126로 전화하십시오.

6. Laotian: ຖ້າທ່ານ, ຫຼື ຫຼີນທ່ານ ທ່ານ ກ່າວ ລັງ ຊ່ວຍ ຕຸ ອື່ ມ ຄຳ ຖາມ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມ ສິດ ທ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ຕຸ ອື່ ແລະ ຂໍ້ ນູ ຂ່າວ ສານ ທ ຕໍ່ ບັນ ພາ ສາ ຂອງ ທ່ານ ບ ມ ຄ າ ໃ ຊ ຈ ຳ ຍ. ການ ໂອ ລົມ ກ ບ ນ າ ຍ ພ າ ສ າ, ໃ ຫ ໂ ຫ ຫ 1-844-395-7126.

7. Arabic: إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-395-7126.

8. Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

9. French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

10. Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

11. Persian: اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. 1-844-395-7126 تماس حاصل نمایید.

12. Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

13. Pennsylvania Dutch: "Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

14. Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

15. Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.