

Individual & Family Application

High Deductible Health Plans



**Individual and Family
Plans**

Thank you for applying with UNICARE.

PLEASE NOTE:

Coverage is not available if:

- any family member is currently pregnant (whether or not listed on the application) or in the process of adoption; or
- the applicant has not resided in the U.S. for the last six (6) consecutive months.

Coverage is not guaranteed until approved in writing by UNICARE.

Instructions

Do not complete this application until you have read the current product brochure.

Please follow these instructions to allow us to better process your application.

- For your own protection, **you, the applicant**, must complete this application. You are solely responsible for its accuracy and completeness.
- All information must be stated accurately.
- All questions must be answered in full or the application may be returned to you resulting in a delay in processing.
- For additional information or explanations attach extra sheets, if necessary. **All attachments must be signed and dated.**
- Print clearly using black ink. No correction fluid, please. **Sorry, but typed applications will not be accepted.**
- This application must be received by UNICARE Medical Underwriting within thirty (30) days from the signature date.
- UNICARE Plans are available only in areas where the UNICARE Network exists. Please see Provider Directories for more details.
- Even if this application is approved, any misstatements or omissions may result in future claims being denied and the plan being rescinded.
- Your insurance will become effective only if this application is approved as applied for, the appropriate premium is enclosed, and other specific conditions are met. **(See details under Part 8 – Conditions of Application)**
- Please return this application and your check to your agent OR mail to the address shown below.

Billing Information

Carefully read the instructions accompanying each billing type and make sure that your check is attached to the application.

- **Monthly billing (with monthly bank draft authorization only):** Submit the one (1)-month premium, complete the Monthly Bank Draft Authorization and attach a blank check marked "VOID" to the form.
- **Quarterly billing:** Submit the three (3)-month (quarterly) premium.

Most common causes for delay in underwriting

- Missing, inaccurate or incomplete information such as:
 - Weight AND Height
 - Spouse's social security number
 - Dependent's social security number
 - Age AND date of birth
 - Date of last pelvic examination
 - Results of last pelvic examination
 - Physician address, phone number and fax number
- Incomplete or illegible information such as the mailing address does not include city, state, and ZIP code.
- ALL questions are not answered in Section 4, 5, 6 and 7. If it does not apply to you, the answer should be "No." Do not leave any answers blank.
- The application is not signed and dated by the applicant and/or all dependents over age 18.
- Agent portion of application is not completed, signed, or dated with a date after applicant's signature date.
- Additional documentation or information is required.

Mailing Address

Applicant: Please return this application to the agent.

Agent: Please mail this application to the following address:

**UNICARE Individual Services – Texas
P.O. Box 5047
Bolingbrook, IL 60440-5047**