

# Blue Cross/Blue Shield Application Instructions

Please fill out the following sections of the BC/BS application. We can fill out the other sections for you.

**Section 2:** Please fill in your complete name; birth date; social security number; gender; address; email address; and home phone number.

**Section 3:** Put your plan # (S10 or SB2) under the Health Section. We are a PPO. Under the Enrollees section, specify who is to be covered (employee only, spouse, children, or family). If you choose not to enroll in health coverage please select – ***“I am not applying for health coverage.” (We do not offer dental coverage at this time.)***

**Section 4:** Put your name in the Employee/Enrollee line. Include the following information on any dependents that are to be covered - name, social security number, date of birth, and relationship. If a dependent does not live in the same household as the employee his or her home address needs to be added. ***The PCP Name, PCP No., PCD Name, or PCD No. do not need to be filled in.***

**Section 5:** Does not need to be completed. Please complete the separate Fort Dearborn Application.

**Section 6 & 7:** Complete any current or previous coverage information.

**Section 10:** If in section 3 you chose not to enroll in health coverage, please fill in this section.

**Section 11:** Please sign the application and date it.

If you have any questions regarding the application call the office at (325)728-2669 or our agent, Gary Stennett, at 806-296-5515 ext. 108.