



2018 Individual Paper Application Checklist

We want to help you get the coverage you want. Please make sure your application is complete and correct. Incomplete applications may take longer to process. Use the checklist below.

Page	Section	Please review these items.	Yes
2	A	Have you: <ul style="list-style-type: none"> Filled in the street address for the person who is applying? Filled in the gender and date of birth for each person to be covered? Answered all tobacco use questions? Noted how each person on the application (wife, husband, partner, son or daughter etc) is related to the person who is applying? Provided Primary Care Provider Information for each member applying to an HMO plan? Provided Social Security Number for the primary applicant and each person to be covered? 	<input type="checkbox"/>
2	A	If adding a spouse or dependent to an existing policy, did you include <i>all</i> family members you want to cover?	<input type="checkbox"/>
5	B	Have you chosen only one health plan?	<input type="checkbox"/>
5	C	If you haven't chosen a dental plan, have you signed the waiver?	<input type="checkbox"/>
6	D	Have you paid your first month's premium by: <ul style="list-style-type: none"> Filling in bank draft* information or Including a personal or bank check or a money order? <p>Please note that we do not send member ID cards, benefit books, or bills if the first month's premium payment is not included.</p>	<input type="checkbox"/>
7	E	Have you chosen a billing option?	<input type="checkbox"/>
8	H	Have you signed and dated the application? If your spouse is applying, have they signed?	<input type="checkbox"/>
8	H	If this is a child only policy, has an adult signed for any applicants under the age of 18?	<input type="checkbox"/>
1	Front Page	If you're signing up during a Special Enrollment Period, have you added: <ul style="list-style-type: none"> Proof of the qualifying life event? (See the application for a list of life events that qualify.) Date of the qualifying life event? 	<input type="checkbox"/>
All	All	Are you sending all pages of the application? We need all pages to process your application. This includes the pages you didn't need to fill out.	<input type="checkbox"/>

APPLY BY MAIL

Blue Cross and Blue Shield of Montana
Attn: Individual Enrollment, P.O. Box 3236, Naperville, IL 60566-7236

APPLY VIA FAX

888-697-0686

* If you choose to pay by bank draft, your first month's premium will be drafted when your application is processed. From that point forward, bank drafts are on the last business day of each month.