

APPLICATION FOR CONVERSION POLICY

COMPLETE ALL SECTIONS IN INK (PLEASE PRINT) AND SIGN



Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

1 PERSON APPLYING FOR COVERAGE (Applicant should be oldest person for which coverage is being requested.)

LAST NAME	FIRST NAME	M.I.	RELATIONSHIP	SEX	DATE OF BIRTH	SOCIAL SECURITY NO.
Oldest Person			APPLICANT			
Spouse, if Applying			SPOUSE			
Dependent						
Dependent						
Dependent						
POLICYOWNER — If Other Than Insured						

2 STUDENT INFORMATION [Dependent(s) Age 19-23]

DEPENDENT	SCHOOL ATTENDING	SEMESTER HRS.	EST. DATE OF GRADUATION
DEPENDENT	SCHOOL ATTENDING	SEMESTER HRS.	EST. DATE OF GRADUATION

3 PERSONAL INFORMATION

APPLICANT'S MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

PROPOSED INSURED RESIDENT STATUS: U.S. CITIZEN YES NO IF NO, PLEASE EXPLAIN

Do all proposed insureds reside in Arkansas? Yes No

If no, provide reason: _____ Address: _____

Applicant's Employer	Job Duties
Spouse's Employer	Job Duties

4A RESIDENCE ADDRESS

4B BILLING ADDRESS (IF NOT RESIDENCE)

4A RESIDENCE ADDRESS			4B BILLING ADDRESS (IF NOT RESIDENCE)		
Street	County		Street	County	
City	State	Zip Code	City	State	Zip Code
Daytime Phone No. () _____	Evening Phone No. () _____		Best Time to Call _____ A.M. _____ P.M.	<input type="checkbox"/> Home <input type="checkbox"/> Business	

5 BENEFIT SELECTION

INDICATE DESIRED OPTION (See reverse side for benefits and rates): Option #1 Option #2 Option #3 Option #4

6A TYPE OF COVERAGE

6B BILLING MODE

Individual Family Monthly Bank Draft Quarterly Semi Annually Annually

7 CURRENT INSURANCE

Name of Current Insurance Company	I.D. No.	Group No.
Are you or any dependent to be covered by this policy also covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date ____/____/____		
Persons covered by Medicare: (1) _____ (2) _____ (3) _____		

8 PLEASE READ BEFORE SIGNING

I understand that the benefits for which I (we) will be eligible are those described in the Arkansas Blue Cross and Blue Shield insurance policy. I understand that coverage will not become effective before the approved effective date.

In signing this application, I represent that the statements and answers given in this application are true, complete and correctly recorded. I understand that Arkansas Blue Cross and Blue Shield may, within three years of the date of this application, void or terminate this coverage or deny claims for coverage if incorrect information has been given on this application. If fraudulent misstatements were made, Arkansas Blue Cross and Blue Shield may take legal action at any time.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURE LOCATION (This application must be signed in the state of Arkansas.)

This application was signed in _____, Arkansas

SIGNATURE OF APPLICANT	<input checked="" type="checkbox"/>	DATE SIGNED	
SIGNATURE OF SPOUSE	<input checked="" type="checkbox"/>	DATE SIGNED	
PARENT/GUARDIAN SIGNATURE (If policy for a minor)	<input checked="" type="checkbox"/>	DATE SIGNED	

THIS APPLICATION IS VALID FOR 90 DAYS ONLY WHEN COMPLETED AND SIGNED.

FOR OFFICE USE ONLY (DO NOT WRITE IN THIS SPACE)

<input type="checkbox"/> Approved	Underwriter	I.D. No.	Eff. Date	Plan	Pkg.	WWP
<input type="checkbox"/> Denied	Date	Group No.				

Arkansas Blue Cross and Blue Shield Group Conversion Policy

Monthly Rates Effective July 1, 2005

OPTION 1						OPTION 2					
\$1,000	<i>Single Rates</i>	1st Year	2nd Year	3rd Year	4th Year*	\$100	<i>Single Rates</i>	1st Year	2nd Year	3rd Year	4th Year*
	Age	Premium	Premium	Premium	Premium		Age	Premium	Premium	Premium	Premium
Deductible	00 - 24	\$137.25	\$202.97	\$268.69	\$334.42	Deductible	00 - 24	\$198.19	\$294.64	\$391.09	\$487.53
	25 - 29	\$173.73	\$255.60	\$337.47	\$419.34		25 - 29	\$250.88	\$371.27	\$491.66	\$612.04
	30 - 34	\$176.74	\$260.76	\$344.78	\$428.81		30 - 34	\$255.23	\$378.80	\$502.37	\$625.94
	35 - 39	\$196.35	\$286.94	\$377.53	\$468.13		35 - 39	\$283.55	\$416.89	\$550.23	\$683.56
	40 - 44	\$222.56	\$324.43	\$426.30	\$528.18		40 - 44	\$321.38	\$471.46	\$621.54	\$771.63
80%/20%	45 - 49	\$268.62	\$384.34	\$500.06	\$615.78	80%/20%	45 - 49	\$387.91	\$558.64	\$729.37	\$900.11
	50 - 54	\$333.50	\$469.43	\$605.36	\$741.30		50 - 54	\$481.58	\$682.44	\$883.30	\$1,084.17
	55 - 59	\$447.58	\$623.17	\$798.76	\$974.35		55 - 59	\$646.32	\$906.18	\$1,166.04	\$1,425.90
	60 - 64	\$578.51	\$803.18	\$1,027.85	\$1,252.51		60 - 64	\$835.38	\$1,168.18	\$1,500.98	\$1,833.79
	65+	\$599.73	\$828.82	\$1,057.91	\$1,286.99		65+	\$866.04	\$1,205.45	\$1,544.86	\$1,884.28
No	<i>Family Rates</i>	1st Year	2nd Year	3rd Year	4th Year*	\$5,000	<i>Family Rates</i>	1st Year	2nd Year	3rd Year	4th Year*
	Age	Premium	Premium	Premium	Premium		Age	Premium	Premium	Premium	Premium
Calendar-Year	00 - 24	\$379.66	\$491.30	\$602.94	\$714.59	Calendar-Year	00 - 24	\$548.24	\$706.47	\$864.70	\$1,022.93
	25 - 29	\$463.33	\$627.46	\$791.59	\$955.73		25 - 29	\$669.07	\$902.36	\$1,135.65	\$1,368.95
Coinsurance	30 - 34	\$522.98	\$707.70	\$892.42	\$1,077.14	Coinsurance	30 - 34	\$755.22	\$1,017.87	\$1,280.52	\$1,543.18
	35 - 39	\$578.64	\$779.48	\$980.32	\$1,181.16		35 - 39	\$835.61	\$1,121.22	\$1,406.83	\$1,692.43
Maximum	40 - 44	\$624.05	\$835.63	\$1,047.21	\$1,258.79	Maximum	40 - 44	\$901.16	\$1,202.09	\$1,503.02	\$1,803.95
	45 - 49	\$667.50	\$890.64	\$1,113.78	\$1,336.93		45 - 49	\$963.93	\$1,281.31	\$1,598.69	\$1,916.06
	50 - 54	\$741.62	\$986.32	\$1,231.02	\$1,475.73		50 - 54	\$1,070.91	\$1,419.03	\$1,767.15	\$2,115.27
	55 - 59	\$919.50	\$1,230.28	\$1,541.06	\$1,851.84		55 - 59	\$1,327.79	\$1,770.21	\$2,212.63	\$2,655.04
	60 - 64	\$1,135.62	\$1,536.09	\$1,936.56	\$2,337.03		60 - 64	\$1,639.90	\$2,210.39	\$2,780.88	\$3,351.37
	65+	\$1,171.46	\$1,582.55	\$1,993.64	\$2,404.72		65+	\$1,691.64	\$2,277.23	\$2,862.82	\$3,448.42

OPTION 3						OPTION 4					
\$500	<i>Single Rates</i>	1st Year	2nd Year	3rd Year	4th Year*	\$1,000	<i>Single Rates</i>	1st Year	2nd Year	3rd Year	4th Year*
	Age	Premium	Premium	Premium	Premium		Age	Premium	Premium	Premium	Premium
Deductible	00 - 24	\$174.05	\$259.39	\$344.73	\$430.06	Deductible	00 - 24	\$156.35	\$231.84	\$307.33	\$382.81
	25 - 29	\$220.32	\$326.78	\$433.24	\$539.69		25 - 29	\$197.91	\$292.01	\$386.11	\$480.22
	30 - 34	\$224.13	\$333.40	\$442.67	\$551.94		30 - 34	\$201.35	\$297.93	\$394.51	\$491.10
	35 - 39	\$249.01	\$366.90	\$484.79	\$602.69		35 - 39	\$223.69	\$327.84	\$431.99	\$536.14
	40 - 44	\$282.24	\$414.90	\$547.56	\$680.23		40 - 44	\$253.54	\$370.72	\$487.90	\$605.09
80%/20%	45 - 49	\$340.65	\$491.55	\$642.45	\$793.36	80%/20%	45 - 49	\$306.01	\$439.21	\$572.41	\$705.61
	50 - 54	\$422.93	\$600.45	\$777.97	\$955.48		50 - 54	\$379.93	\$536.50	\$693.07	\$849.64
	55 - 59	\$567.59	\$797.18	\$1,026.77	\$1,256.36		55 - 59	\$509.88	\$712.24	\$914.60	\$1,116.97
	60 - 64	\$733.61	\$1,027.60	\$1,321.59	\$1,615.57		60 - 64	\$659.03	\$918.07	\$1,177.11	\$1,436.15
	65+	\$760.53	\$1,060.37	\$1,360.21	\$1,660.04		65+	\$683.21	\$947.37	\$1,211.53	\$1,475.68
\$5,000	<i>Family Rates</i>	1st Year	2nd Year	3rd Year	4th Year*	\$5,000	<i>Family Rates</i>	1st Year	2nd Year	3rd Year	4th Year*
	Age	Premium	Premium	Premium	Premium		Age	Premium	Premium	Premium	Premium
Calendar-Year	00 - 24	\$481.45	\$627.97	\$774.49	\$921.00	Calendar-Year	00 - 24	\$432.52	\$561.35	\$690.18	\$819.00
	25 - 29	\$587.56	\$802.49	\$1,017.42	\$1,232.34		25 - 29	\$527.81	\$717.08	\$906.35	\$1,095.63
Coinsurance	30 - 34	\$663.19	\$905.15	\$1,147.11	\$1,389.08	Coinsurance	30 - 34	\$595.79	\$808.84	\$1,021.89	\$1,234.93
	35 - 39	\$733.82	\$997.02	\$1,260.22	\$1,523.42		35 - 39	\$659.21	\$890.89	\$1,122.57	\$1,354.24
Maximum	40 - 44	\$791.39	\$1,068.83	\$1,346.27	\$1,623.72	Maximum	40 - 44	\$710.90	\$955.06	\$1,199.22	\$1,443.38
	45 - 49	\$846.49	\$1,139.19	\$1,431.89	\$1,724.58		45 - 49	\$760.42	\$1,017.94	\$1,275.46	\$1,532.97
	50 - 54	\$940.47	\$1,261.59	\$1,582.71	\$1,903.83		50 - 54	\$844.86	\$1,127.32	\$1,409.78	\$1,692.24
	55 - 59	\$1,166.04	\$1,573.85	\$1,981.66	\$2,389.47		55 - 59	\$1,047.49	\$1,406.25	\$1,765.01	\$2,123.76
	60 - 64	\$1,440.11	\$1,965.41	\$2,490.71	\$3,016.00		60 - 64	\$1,293.70	\$1,755.94	\$2,218.18	\$2,680.42
	65+	\$1,485.54	\$2,024.81	\$2,564.08	\$3,103.35		65+	\$1,334.51	\$1,809.01	\$2,283.51	\$2,758.01

*You will continue paying the 4th year premium as long as your Conversion Policy is active, unless you move from one age band to another or the established premium rate is changed for all Conversion policies.