



BlueCross BlueShield of Texas

Continuation of Coverage Requests

Existing policies on occasion require that one or more of the participants continue coverage on his/her own policy. Some reasons for this type of change include:

- Death of the primary insured
- Divorce
- Dependent child reaches age 25
- Primary insured or spouse reaches age 65 and chooses to move to a Medicare Supplement Policy

Predictable events such as a dependent reaching the maximum age or the primary/spouse reaching age 65 will generate a reminder notice to the member about 60 days prior to the date of the anticipated change. This notice identifies:

- The affected participant
- The effective date of the change

A letter or Continuation of Coverage Request Form may also accompany the notice and will provide basic instructions on how the continuation is to be handled, as well as the new premium rate based on the upcoming change. The Continuation of Coverage Request form includes information such as:

- Credit given for deductible, coinsurance, and out-of-pocket maximums.
- Whether or not the new policy includes maternity benefits.
- All existing riders will be carried over to the new policy.
- The policy must be active and paid to a current date.
- If only children are continuing onto an Advantage policy, a Continuation of Coverage Request form must be completed for each individual child.
- The completed form must be received back in our office within 30 days of a qualifying event, when applicable.
- The primary insured may cancel the existing policy by signing the Continuation of Coverage Request form.

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CONTINUATION OF COVERAGE REQUEST FORM

Continued Policyholder Name: _____

Continued Policyholder ID Number: _____

Original subscriber group number: _____

Names and ID numbers of dependents on the existing policy; to be continued as dependents on new policy:

Original Subscriber Name: _____

Original Subscriber Group number: _____

Original Subscriber Certificate #: _____

If coverage is continued, the deductible, exclusion riders, and maternity coverage (if applicable) will remain the same as are in effect on the current policy. Any dependent(s) transferring to another policy will also be able to carry over all the credit earned toward the pre-existing condition waiting period, annual deductibles, annual out-of-pocket maximums and annual maximum/lifetime maximums.

In order for us to initiate a continuation of coverage, and set up a new policy for the dependents as requested, the above mentioned existing policy must be active, and all billing paid current. Coverage will not be continued for the elected dependents, unless this completed and signed form is received within 30 days of a qualifying event, if applicable. If we have no response within this period, we will presume that you are not going to continue your dependent(s) as originally requested, and the existing primary policy will remain unchanged. The premiums for the continued policy coverage would be \$_____ monthly. Please have the oldest dependent or parent complete and sign this form. Please return this form to the address listed at the bottom of the page. We look forward to providing continued coverage as you requested.

The above referenced dependent(s) has elected to continue health coverage in his/her own name(s).

Signature of Continued Policyholder or Parent

Date

If the primary insured of the original policy wants to cancel coverage, please sign below.

Primary Signature

Date