



Cover Sheet



Applicant Name (Print) \_\_\_\_\_

Plan Selection

HSA Individual	HSA Family	PPO Individual	PPO Family
<input type="checkbox"/> 3000	<input type="checkbox"/> 6000	<input type="checkbox"/> 2000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000 <input type="checkbox"/> 7000	<input type="checkbox"/> 4000 <input type="checkbox"/> 7000

Method of Payment

Monthly Bank Deduction       Credit Card       Monthly Billing

Effective Date

The application must be received in the Primary Health office no later than the last business day of the month for the 1<sup>st</sup> of the following month effective date. Applications will not be back dated to get the first of the month's coverage.

Parent or Guardian Consent

(Complete only if applicant is under age 18 and will be the only insured.)

Notice is hereby given that \_\_\_\_\_ who is under the age of eighteen years is making application for Primary Health Network individual health care coverage, with my full knowledge and consent. I request that you consider the child for such health care coverage. I accept full responsibility for the payment of monthly premium and the contents of the application attached hereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

If I am declined for the coverage I applied for, carrier must offer High Risk Basic, Standard, Catastrophic A or Catastrophic B Plans, and Health Savings Account High Risk Plans

**Definition of Dependent:**

Dependent means: (1) The legal spouse of the Policyholder; and/or (2) the unmarried child of a Policyholder or Policyholder's spouse, up to the age of twenty-one (21); (3) an unmarried child who is a full-time student under the age of twenty-five (25) and who is financially dependent upon the Policyholder or Policyholder's spouse; or (4) an unmarried child of any age who is medically certified as disabled and dependent upon the Policyholder or Policyholder's spouse. The term "children" includes natural children, stepchildren, adopted children, or children in the process of adoption from the time placed with the Policy holder. The term "children" also includes children legally dependent upon the Policyholder or Policyholder's spouse for support where a normal parent-child relationship exists with the expectation that the Policyholder will continue to rear that child to adulthood. However, if one or both of that child's natural parents live in the same household with the Policyholder, a parent-child relationship shall not be deemed to exist, even though the Policyholder or the Policyholder's spouse provides support.

**Medicare:**

If you or any listed dependents have Medicare, please list family member's name and the Medicare Health Insurance Claim (HIC) number shown on his/her red, white and blue Medicare card:

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**ACKNOWLEDGEMENT**

**By signing the attached Idaho Individual Application, you understand and agree to the terms and conditions set forth on this Cover Sheet as well as the terms and conditions set forth on the attached application.**

**Federally Eligible Individual Information**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), guaranteed availability of individual coverage means that if you are HIPAA eligible, you cannot be denied the right to buy individual coverage. In addition, a pre-existing condition exclusion cannot be applied to your coverage.

You are HIPAA eligible, also called an "eligible individual," if **ALL** of the following are true at the time you apply for individual coverage.

- You have at least 12 months of continuous creditable coverage without any break in coverage greater than 63 days
- Your most recent coverage was under a group health plan, a governmental plan or a church plan (or health insurance offered in connection with such a plan)
- You are not covered under another group health plan
- Your most recent coverage was not cancelled because you did not pay your premiums or because you committed fraud
- You are not currently eligible for Medicare or Medicaid
- If you were not offered COBRA, Temporary Continuation of Coverage (TCC), or State continuation coverage, or if you were offered such continuation coverage and you purchased and exhausted the coverage.

If you are HIPAA eligible, you will lose your right to get individual coverage without an exclusion unless you submit an application for individual coverage within 63 days after the day your group health coverage or continuation coverage ends. Act promptly to protect your rights.