

WSHIP Health Questionnaire Exception Instructions

Thank you for applying for Individual coverage with Regence BlueShield. Before we can completely process your application we need the following information as proof that you and/or members of your family are exempt from providing a completed health questionnaire. Please note that we require proof for each family member who meets an exception. Please refer to the exceptions found in the **WSHIP Standard Health Questionnaire for Washington State** form and provide the necessary information as noted below. Your completed health questionnaire(s) can be accessed and printed by logging onto your on-line application and clicking "My Forms" then selecting the "WSHIP Health Questionnaire" form.

Attention: If you are currently eligible for Medicare, or will be on the requested effective date of coverage for which you are applying, you are not eligible for private individual or family health coverage; and you should not fill out this questionnaire.

Exception 1: Provide a copy of a utility bill in your name from the prior address dated within the last 90 days and a letter of verification from your prior carrier verifying that because you have moved from one part of Washington state to another part within the last 90 days you no longer reside in their service area and they cannot provide health insurance where you live now.

Exception 2: Provide a letter from your health care provider or carrier that your health care provider can no longer treat you because they have stopped being part of your current individual health plan's provider network within the last 90 days. The letter must also indicate that you have received services from that provider within the 12 months prior to leaving your current health plan, the date the provider left the network, and that the provider is part of the new health plan's provider network you are applying for.

Exception 3: Provide a copy of the certificate of coverage you received from your prior carrier or prior employer indicating you have exhausted all COBRA eligibility. This includes loss of COBRA because your employer went out of business or discontinued its health plan while you were on COBRA. The certificate must indicate that the ending coverage is COBRA, not regular group coverage. You must apply for individual coverage within 90 days of COBRA ending.

Exception 4: Provide a letter from your employer indicating the begin and end dates of your group coverage (including church plans), that the group is not COBRA eligible, include the date of the COBRA qualifying event, and what the event was. Provide a copy of your certificate of coverage indicating you have had 24 months of continuous group coverage. You must apply for individual coverage within 90 days of the qualifying event date.

Exception 5: Provide a letter of verification from your employer addressing your termination of COBRA and a copy of the certificate of coverage indicating the begin and end dates of your COBRA coverage and/or group coverage for proof of your 24 months of continuous coverage. You must apply for individual coverage within 90 days of the date your COBRA coverage ended. (Not applicable to BHP applicants.)

Exception 6: Provide a letter from your employer indicating the begin and end dates of your group coverage, and that you have elected not to take COBRA coverage, include the date of the COBRA qualifying event, and what the event was. Provide a copy of your certificate of coverage indicating you have had 24 months of continuous group coverage. You must apply for individual coverage within 90 days of the qualifying event date. (Not applicable to BHP applicants.)

Exception 7: Provide a letter of verification from your carrier with dates of coverage for proof of your 24 months of eligibility, or copy of the certificate of coverage indicating the begin and end dates of your Basic Health Plan coverage. You must apply for individual coverage within 90 days of the date of disenrollment from your Basic Health Plan coverage.

Exception 8: You must submit the application for coverage within 60 days of the date of birth, date of adoption or placement for adoption. If you are adding a newborn child to your existing policy to be effective on their date of birth, or a recently adopted child (or child placed with you in anticipation of adoption) to be effective on the date of adoption or placement, the SHQ is not required. Please provide a copy of the adoption or placement paperwork verifying who is being adopted and by whom, and the date the child was adopted or placed.

If you have any questions, please feel free to call the Consumer Sales Department at 1 (888) 734-3623.

Please return the requested information within 3 weeks to:

**Regence BlueShield
Individual Underwriting
PO Box 1107, MS LC1NW
Lewiston ID 83501-1107**

Or fax to: (877) 369-3410