

GeoBlue Navigator Health Plans Application Instructions



Thank you for applying with GeoBlue®.

- GeoBlue Navigator is specially designed for members of the Global Citizens Association.
- Coverage is not guaranteed until approved in writing by GeoBlue. Do not cancel your current insurance coverage until you have been notified of approval by GeoBlue that your GeoBlue Navigator coverage is effective.
- This application is for students only.

Instructions

Do not complete this application until you have read the current product brochure or website.

Please follow these instructions to allow us to better process your application.

- For your own protection, you, the applicant, must complete this application. You are solely responsible for its accuracy and completeness.
- All information must be stated accurately.
- All questions must be answered in full or the application may be returned to you resulting in a delay in processing.
- For additional information or explanations attach extra sheets, if necessary. **All attachments must be signed and dated.**
- Print clearly using blue or black ink. No correction fluid, please. **Sorry, but typed applications will not be accepted.**
- This application must be received by GeoBlue within thirty (30) days from the signature date.
- Even if this application is approved, any intentional misstatements or omissions may result in future claims being denied and the plan being rescinded.
- Your insurance will become effective only if this application is approved as applied for, the appropriate premium is enclosed, and other specific conditions are met. **(See details under Section 7 – Conditions of Application).**
- Please return this application and your check to your agent OR mail to the address listed.
- If we cannot verify educational status you will be required to electronically submit a tuition bill, class schedule or letter from the registrar. **IT IS BEST TO SUBMIT THIS PROOF AT THE TIME OF APPLICATION.**

Payment Information

Please see page 6.

Most common causes for delay in underwriting

- Missing, inaccurate or incomplete information such as:
 - Weight AND Height
 - Date of birth
- Incomplete or illegible information such as the mailing address does not include city, state and ZIP code.
- The application is not signed and dated by the applicant.
- Additional documentation or information is required.

Mailing Address

- **Applicant:** Please return this application to the address below or to your agent.

John Conner
10425 Saddle Creek Drive
Sacramento CA 95829
916-682-1117 - ph

Expediting an Application

Fax application to: 916-258-0296
email to: john@johnconner.com

Applicant's Social Security No.
Visa/ Passport No.
Agent I.D. No. 84446

GeoBlue Navigator Individual Enrollment Application

Application must be completed by the applicant in blue or black ink.

1. Applicant Information (Please Print)

Applicant's Last Name	First Name	M.I.
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Reason for Application (Check one)

- New Enrollment(s)
- To change existing plan, please enter I.D. No: _____

Address Outside the U.S.

Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City	Postal Code	Country	

Address Inside the U.S.

Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City	State	ZIP Code	

Mailing Address (In Care Of)

In Care Of:			
Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City	State	Postal Code	Country

Home Phone No. ()	Daytime Phone No. ()
Business Phone No. ()	Fax No. ()
Email Address	

2. Time and Location Status

How much time in the next 12 months will you be outside of your home country? _____ What locations? _____

How did you hear about GeoBlue? _____

3. Choice of Plan

GeoBlue Navigator
<input type="checkbox"/> 0 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2500 <input type="checkbox"/> 5000

4. Applicant for Coverage

Sex	Last Name First Name M.I.	MUST BE ACCURATE		Date of Birth	Social Security/ Visa/ Passport No.
		Height	Weight		
<input type="checkbox"/> Male <input type="checkbox"/> Female					

Applicant's Social Security No.

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Visa/ Passport No.

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4. Applicants for Coverage continued

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a foreign national residing legally in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you a full time student at a U.S. University? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide the name of your institution, college or university. Please provide business address.

5. Other Coverage - Please answer all of the following questions.

A. Have you been insured in the last 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide the following information and attach the Certificate of Creditable Coverage from your prior health insurance carrier.

Name of insured(s)	Insurance carrier(s)	Effective date	End date
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Do you agree to discontinue your current coverage if this application is accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If No, please explain:

Applicant's Social Security No.

Visa/ Passport No.

7. Conditions of Application

It is important that you carefully read and fully understand the following.

I, the undersigned, understand that, under the GeoBlue Navigator for which I am applying, I may be entitled to lesser benefits if I use a nonparticipating hospital, physician, or other provider, than if I use a participating hospital, physician or other provider.

All applicants age 18 and over must personally read, agree to, and sign the following. If an applicant does not read English, the translator must sign and submit the Statement of Accountability, Section 9, for translating this entire application.

Effective Date

If you currently have health coverage, we strongly recommend that you maintain your current coverage, and allow us to assign your effective date FOLLOWING APPROVAL. If, however, you would like to request a specific effective date, we strongly recommend you allow 3-5 days for underwriting. This will help ensure that your application is processed before you surrender your present insurance and will prevent you from being required to pay for two policies.

I request that GeoBlue Navigator assign my effective date if my application is approved. My effective date will be assigned as either the 1st or the 15th of the month following the approval date of my application.

If GeoBlue Navigator approves my application, please assign an effective date of the

1st of the month following approval.

15th of the month following approval.

1st of _____ 15th of _____.

This date must be AFTER the signature date but not greater than 75 days from the signature date on this application.

REQUESTING AN EFFECTIVE DATE **DOES NOT GUARANTEE** UNDERWRITING TO BE COMPLETED BEFORE THE DATE REQUESTED. I UNDERSTAND THAT IF I SELECT AN EFFECTIVE DATE, ONLY GEOBLUE CAN CHANGE THIS DATE, HOWEVER, GEOBLUE CANNOT CHANGE THIS DATE UNDER ANY CIRCUMSTANCES ONCE THE PLAN IS ISSUED.

Initial _____

Initial Term

Please issue coverage for the initial term of:

- 3 months 4 months 5 months 6 months
- 7 months 8 months 9 months 10 months
- 11 months 364 days

Billing Date

Charged on the 1st or 15th of the month (depending on your policy effective date).

Agreement (All applicants)

I, the undersigned, agree to the following:

1. I understand and agree to pay the premium amount required with this application. If my application is denied, GeoBlue will return the premium payment. If my application is accepted, this premium amount will be applied to the premium charges.
2. If my application for GeoBlue Navigator coverage is accepted as applied for, the coverage date will be as specified above, but I agree I have no coverage under this application until I am notified in writing by GeoBlue that my application is approved.
3. I understand that GeoBlue has the right to deny my application and if it does so, I will be notified in writing and the premium I submitted will be returned.
4. I understand and agree that if GeoBlue rejects my application, under no circumstance will any benefits be payable for any person listed on this application. Receipt of money, and/or cashing of my premium check or charging this amount to my credit card by GeoBlue does

not constitute approval of my application or create GeoBlue Navigator coverage.

5. If I am accepted, this application will become part of the agreement between the insurance carrier and myself.
6. GeoBlue may request additional information, and this may delay processing of this application. If the health care provider charges a fee for these services, GeoBlue will determine payment, and I will be responsible for any difference.
7. The selling agent has no authority to promise me coverage or to modify underwriting policy or terms of any GeoBlue Navigator coverage.
8. I have personally read and completed this application. Nothing has been left off regarding the past or present health of anyone listed on this application. I understand that no one listed is eligible for benefits if any information on this application is false, incomplete or omitted. GeoBlue may void all coverage from the original effective date of the agreement for such material intentional misstatements or omissions. If the family member is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application.

Association Membership

I understand that this product is being offered only to members of the Global Citizens Association. I agree to become a member of the Association at no obligation. As a member of the Association, I shall be entitled to a variety of benefits, which includes the ability to purchase this insurance product. For further information visit www.gcassociation.org.

Yes. I Agree _____

Signature

FRAUD NOTICE Please read carefully

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

Arkansas 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.

Colorado It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana 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.

Maine It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico 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 CIVIL FINES AND CRIMINAL PENALTIES.

New York Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Tennessee It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Authorization/Disclosure Statement

I understand and agree to all the Conditions of Application (Section 7). I understand that coverage is subject to the provisions in the Conditional Receipt (Section 10). I have read and understand this Application in its entirety. I certify that I have received an outline of coverage.

Signatures (Required) – All applicants over age 18 must sign and date.

1. Applicant/parent or legal guardian	Today's date
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Notice of Information Practices

If you apply for or are covered by a GeoBlue health care plan, GeoBlue may collect personal information about you in order to evaluate your application or to administer benefits. This information is normally limited to the condition of your health. For example, GeoBlue may provide information to a hospital in order to verify benefits. Upon your request, GeoBlue will provide details of the nature of personal information that may be collected, the circumstances under which it may be disclosed without authorization, and your right to access and correction if you believe it to be inaccurate. GeoBlue can choose to furnish the medical record information either directly to you or to a medical professional designated by you.

Applicant's Social Security No.

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Visa/ Passport No.

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**ATTACH INITIAL PREMIUM CHECK HERE.
DO NOT TAPE.**

8. Payment Method – Submit initial premium with application (required).

8A. Initial Deposit

1 month premium \$ _____ <input type="checkbox"/> I am attaching a check/money order for the above amount <input type="checkbox"/> Please charge my credit card for the above amount	3 month premium \$ _____ <input type="checkbox"/> I am attaching a check/money order for the above amount <input type="checkbox"/> Please charge my credit card for the above amount
6 month premium \$ _____ <input type="checkbox"/> I am attaching a check/money order for the above amount <input type="checkbox"/> Please charge my credit card for the above amount	364 days premium \$ _____ <input type="checkbox"/> I am attaching a check/money order for the above amount <input type="checkbox"/> Please charge my credit card for the above amount

All checks should be made payable to Worldwide Insurance Services.

Credit Card information (only if applicable) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Credit Card No.	Security Code*	Expiration Date
Cardholder's Name	Cardholder's ZIP Code	Authorized Signature (as it appears on the credit card) X	Today's Date	

* **For Visa/Mastercard/Discover:** The security code is the last three digits of the code in the signature panel on the back of the card.
For American Express: The security code is the 4 digits printed just above and to the right of the embossed credit card number on the front of the card.

8B. Payment Type (First payment will be credited to approved applicants only.)

Monthly Deduction <input type="checkbox"/> From Checking Account <input type="checkbox"/> Charge to Credit Card	Quarterly Deduction <input type="checkbox"/> From Checking Account <input type="checkbox"/> Charge to Credit Card	Semi-Annual Deduction <input type="checkbox"/> From Checking Account <input type="checkbox"/> Charge to Credit Card	Annual Deduction <input type="checkbox"/> Charge to Credit Card
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Checking Account and credit card deductions are done on the first or the 15th of the month depending on the effective date of the policy.

8C. Checking Account Deduction Authorization

Attach a check for one (1) month's premium above where indicated or if paying initial premium by credit card, attach a voided check. If the account listed below is a joint account, both account holders' signatures are required. **GeoBlue must be notified of any changes to your bank account no later than the 20th of the month preceding the change.**

AUTHORIZATION: As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and payable to the order of GeoBlue provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights with respect to each debit will be the same as if it were a check drawn on you and signed personally by me. I authorize GeoBlue to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my GeoBlue Navigator premium. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTE: Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Deduction and be billed quarterly. After 364 days, you may re-apply for the monthly checking account deduction option.

Applicant Name	Applicant Social Security No.	Name on Checking Account		
Name of Bank or Financial Institution	Address	City	State	ZIP Code
Checking Account No.	Bank Routing No.	Federal Credit Union Routing No.		
Authorized Signature (as it appears in the financial institution's records)	Date	Authorized Signature (as it appears in the financial institution's records)	Date	

(Continued on reverse)

DO NOT WRITE BELOW

Insurance underwritten by 4 Ever Life Insurance Company,
Oakbrook Terrace, Illinois NAIC #80985 under policy form series 54.1404.

The coverage requested may not be available.

Medical Benefits underwritten by 4 Ever Life Insurance Company,
an independent licensee of the Blue Cross Blue Shield Association.

Applicant's Social Security No.
Visa/ Passport No.

9. Statement of Accountability – To be completed when the applicant cannot complete the application.

I, _____, personally read and completed this Individual Enrollment Application for the applicant named below because:

Applicant does not read English Applicant does not speak English
 Applicant does not write English Other (explain): _____

I translated the contents of this form and to the best of my knowledge, obtained and listed all the requested personal and medical history disclosed by: _____

I also translated and fully explained the "Conditions of Application (Section 7)."

By X _____ Signature of Translator _____ Today's Date (Required)

10. Conditional Receipt – To be completed by the agent and given to the applicant.

Received from _____ \$ _____ as a premium, payable to Worldwide Insurance Services.

Subject to the following:

IN NO EVENT SHALL GEOBLUE HAVE ANY LIABILITY TO THE APPLICANT IF THE APPLICATION IS NOT APPROVED, EXCEPT FOR THE OBLIGATION TO RETURN THE PREMIUM SUBMITTED WITH THIS APPLICATION IF THIS APPLICATION IS NOT APPROVED, AND NEITHER SHALL ANY COVERAGE EXIST NOR SHALL THE APPLICANT BE ENTITLED TO ANY BENEFITS UNLESS AND UNTIL THIS APPLICATION IS APPROVED BY GEOBLUE.

Dated this _____ day of _____, 20 _____.

Agent acknowledges receipt of money and delivery of Conditional Receipt.

By X _____ Signature of Agent 84446 Agent I.D. Number