

**Group Hospitalization and Medical Services, Inc.**

doing business as

**CareFirst BlueCross BlueShield (CareFirst)**

and

**CareFirst BlueChoice, Inc. (CareFirst BlueChoice)**

840 First Street, NE

Washington, DC 20065

202-479-8000

Independent licensees of the Blue Cross and Blue Shield Association

The insurer(s) identified above is (are) responsible for the obligations in this Selection Form.  
Selection of one or both of the above is required

**Check the appropriate box(es) corresponding with one or both companies for which application is being sought:**

CareFirst BlueCross BlueShield (CareFirst)

**OR**

CareFirst BlueChoice, Inc. (CareFirst BlueChoice)

CareFirst BlueCross BlueShield offers PPO and traditional indemnity products. CareFirst BlueChoice, Inc. offers HMO products. BlueChoice Opt-Out *Plus Open Access* is a jointly offered point-of-service product with in-network benefits provided by CareFirst BlueChoice and out-of-network benefits provided by CareFirst, and the Member may choose each time that services are sought to qualify for HMO benefits or traditional indemnity benefits. Point-of-Enrollment is a jointly offered product from CareFirst and CareFirst BlueChoice, in which the Subscriber selects for himself/herself and his/her Dependents a CareFirst or a CareFirst BlueChoice product offered by the Group each year.

**Selection Form**

**Select one of the following by checking the appropriate box:**

Continuation of Group Coverage for Those Groups Not Eligible for COBRA

**OR**

Continuation of Group Coverage under USERRA

**For Continuation of Group Coverage For Those Groups Not Eligible for COBRA**

This selection form is for continued group coverage in accordance with Virginia statute and Bureau of Insurance regulations. These regulations enable a member of the group or a family member to continue group coverage after the member ceases to be an eligible employee of the group, as long as the member meets certain requirements. The member of the group or a family member may continue group coverage for 12 months after the member ceases to be an eligible employee of the group. The member must pay the full cost of coverage during this period. The

member must not be eligible for Medicare or Medicaid benefits. Neither CareFirst, CareFirst BlueChoice, nor their representatives act as an administrator for continuation of group coverage.

An individual must meet the requirements to qualify for continuation coverage. Different requirements apply to each event that result in loss of group membership, and in certain circumstances, continuation coverage is offered to spouses and dependent children of the qualifying individual.

If a member wishes to continue coverage beyond this period, he or she may apply directly to CareFirst and/or CareFirst BlueChoice for coverage that is compliant with the new guidelines of the Affordable Care Act (ACA), or health care reform.

### **Continuation of Group Coverage under USERRA**

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the Natural Disaster Medical System. USERRA also prohibits employers, and insurers, from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If an eligible employee leaves his or her job to perform military service, the eligible employee has the right to elect to continue their group coverage including any dependents for up to 24 months while in the military. Even if continuation of coverage was not elected during the eligible employee's military service, the eligible employee has the right to be reinstated in their group coverage when re-employed, without any waiting periods or preexisting condition exclusions except for service connected illnesses or injuries. If an eligible employee has any questions regarding USERRA, the eligible employee should contact the Plan administrator. The Plan administrator determines eligible employees and provides that information to CareFirst.

This form is for data collection purposes only. The above description of continuation of coverage procedures is general in nature.

**Warning: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement may have violated Virginia state law.**

Name of Participant(s): \_\_\_\_\_

\_\_\_\_\_

Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Participant's Address:

\_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_ Work Telephone Number: ( ) \_\_\_\_\_

Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Participant's Statement**

I certify that, to the best of my knowledge and belief, my group coverage has been effective for at least three months.

I understand and agree that in the event I cease to be eligible for continuation of group coverage for any reason, I must notify my former employer immediately.

**Signature of Participant and Date** \_\_\_\_\_

**To Be Completed By the Plan Administrator**

1. Date of termination of participant's employment: \_\_\_\_\_
2. \$ \_\_\_\_\_ is the amount I will collect and remit each month for the continuation of group coverage for this participant.

**Signature of Plan Administrator and Date**  
\_\_\_\_\_

Please Return This Form To:

CareFirst BlueCross BlueShield / CareFirst BlueChoice, Inc.  
840 First Street, NE  
Washington, DC 20065  
Attention: Account Implementation Department  
Mailstop DC06-04

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association.