



Dear Member:

You are insured in a non-group policy offered by Blue Cross Blue Shield of Massachusetts. To be eligible for non-group coverage, you and your dependents must live in Massachusetts.

Important Renewal Information

To renew your individual health plan with Blue Cross Blue Shield of Massachusetts, please:

- Complete the enclosed Eligibility Verification and Residency Request forms
- Provide proof of Massachusetts residency by submitting a copy of one document from each of the columns on the Residency Request form by

The documents must show your street address, however, you may cross out other personal information that isn't relevant to establishing Massachusetts residency, such as financial information. If you can't supply these documents, please contact Member Service at **1-800-822-2700** to discuss what options may be available to confirm that you live in Massachusetts.

If Blue Cross Blue Shield of Massachusetts does not receive appropriate documentation by _____, your policy may not be renewed.

Please send all required materials to:

Renewal Eligibility
Blue Cross Blue Shield of Massachusetts
1 Enterprise Drive, MS 02/04
North Quincy, MA 02171

You can also fax them to Renewal Eligibility at **1-617-246-8634**. If you have any questions, please contact Member Service at **1-800-822-2700**.

Sincerely,

Member Eligibility Team



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Subscriber Name:
Subscriber ID:

Eligibility Verification

MUST BE COMPLETED BY THE SUBSCRIBER AND RETURNED BY <DUE DATE> IN ORDER TO RENEW YOUR BLUE CROSS BLUE SHIELD COVERAGE.

Are the following members residents of Massachusetts? Please circle your response.

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Are the following members eligible to be on your policy²?

Note if you do not have any dependents this area will be blank.

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

1. Proof of residency must be submitted for the subscriber only.
2. See eligibility definitions attached.

To the best of my knowledge, the information supplied on this form is true and complete. Blue Cross Blue Shield of Massachusetts may request confirmation or independently verify the information provided. I understand that my health insurance coverage and/or my dependents' may be subject to termination in the event of fraud or misrepresentation.

Subscriber signature: _____ Date: _____

Please return this form and any materials to:

Renewal Eligibility
Blue Cross Blue Shield of Massachusetts
One Enterprise Drive 02/04
North Quincy, MA 02171
Or fax to Renewal Eligibility at 617-246-8634



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Blue Cross Blue Shield of Massachusetts Residency Request Form

Sub Name: _____

Subscriber Number: _____

Please mail this completed form and **two** pieces of proof-of-residency documentation to:

Renewal Eligibility
Blue Cross Blue Shield of Massachusetts
1 Enterprise Drive, MS 02/04
North Quincy, MA 02171

You can also fax them to Renewal Eligibility at **1-617-246-8634**.

- Please include copies of one document from Column A **and** one document from Column B from the table below . **ALL DOCUMENTS MUST HAVE THE SAME ADDRESS ON THEM.**
- **Your residential address and name (as it appears on your Blue Cross Blue Shield of Massachusetts policy) must appear on each of the documents.** Please do not send documents that do not list your residential address.
- Indicate with a check mark (✓) in each column which documents you are submitting.
- You may send copies of the requested documents and you may obscure or black out any personal information that is not necessary to demonstrate your residency, such as financial information.

Column A	Column B
<input type="checkbox"/> A recent mortgage statement/bill (within 3 months)	<input type="checkbox"/> Valid Massachusetts driver’s license or MA photo identification card
<input type="checkbox"/> Property tax bill from the most recent year	<input type="checkbox"/> Current Massachusetts vehicle registration
<input type="checkbox"/> Lease and record of most recent rent payment	<input type="checkbox"/> Excise (vehicle) tax bill
<input type="checkbox"/> Notarized legal affidavit from landlord confirming residency and record of most recent rent payment	<input type="checkbox"/> Massachusetts tax return (dated within the last year)
<input type="checkbox"/> Section 8 agreement	<input type="checkbox"/> W-2 form (dated within the last year)
<input type="checkbox"/> Homeowner’s insurance agreement	<input type="checkbox"/> Receipt of MA in-state public university or college tuition; proof of enrollment in public school for custodial dependent; or receipt of public assistance for self or custodial dependent
<input type="checkbox"/> A utility bill or work order dated within the past 60 days, for: <ul style="list-style-type: none"> • Gas • Oil • Electricity • Cable • Water & Sewer 	<input type="checkbox"/> Most recent payroll stub

I understand that I am eligible for Direct Pay coverage due to the fact that I am a Massachusetts resident and actually live in Massachusetts. The information that I have supplied is true and complete and I understand that any person who, with intent to defraud or knowing that s/he is facilitating a fraud against an insurer, submits information that is false, incomplete or deceptive statement may be guilty of insurance fraud.

Signature: _____ Date: _____



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BCBSMA Eligible Dependents

In addition to covering yourself, you may elect to cover one or more of your eligible dependents. Eligible dependents generally include the following:

Dependent Category	Details
Spouse	<ul style="list-style-type: none">• Legal spouse or legal civil union spouse who is a resident of Massachusetts (MA)• A former spouse who has not remarried and/or for whom the divorce judgment requires the subscriber to provide health insurance (to the extent required by a valid court order under applicable state law) who is a resident of Massachusetts
Dependent	<ul style="list-style-type: none">• Subscriber's children who are under age 26 and live in Massachusetts (including adopted children). Children may temporarily live outside of MA to attend school.• A person under age 26 who is not the subscriber's child but who qualifies as a dependent of the subscriber under the Internal Revenue Code and lives in Massachusetts.• A child recognized under a Qualified Medical Child Support Order and lives in Massachusetts• Children of eligible dependents (all must live in Massachusetts)• Disabled dependent child age 26 or older (subject to approval by Blue Cross and Blue Shield of Massachusetts) who reside in Massachusetts

Please see "Eligibility and Enrollment for Individual Coverage" in your subscriber certificate for complete information.