

REQUEST FOR UNDERWRITING OPINION



BlueCross BlueShield
of Illinois

This Underwriting Opinion Form should be used in those situations where there is a question about a proposed applicant's health history. Underwriting Opinions are based on the data provided below. **A fully completed application is required in order to determine an applicant's eligibility for coverage.**

Fax Underwriting Opinion Requests to: Individual/Family & Children's Plans 630-978-8455

Date: _____
Producer Name: _____
Producer ID Number: _____
Phone Number: () _____
Fax Number: () _____

Proposed Insured: _____
Sex: M _____ F _____
Current Age: _____ DOB: ____ / ____ / ____
Mo. Day Year
Height: _____ Weight: _____

CHOOSE ONE PLAN:

Please complete a separate form for each proposed insured.	<i>Individual/Family Plans</i>	<input type="checkbox"/> SelectBlue®	<input type="checkbox"/> BlueValue®	<input type="checkbox"/> High Deductible Plan	<i>Children's Plans</i>
	<input type="checkbox"/> SelectBlue Advantage®	<input type="checkbox"/> BlueValue Advantage®	<input type="checkbox"/> Children's Major Medical	<input type="checkbox"/> The Children's Alternative	
	<input type="checkbox"/> BlueChoice® Select	<input type="checkbox"/> BlueChoice® Value			
	<input type="checkbox"/> Traditional Blue	<input type="checkbox"/> Basic Blue®			

MEDICAL INFORMATION

Date of last visit to Physician: _____ Reason: _____
Results of last visit: _____
Treatment? YES NO If yes, provide details: _____

MEDICAL HISTORY

1) Condition/Diagnosis	Date First Treated	Medication/Treatment	Degree and Date of Recovery
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

2) Has the proposed applicant ever been hospitalized or treated in an Emergency Room? YES NO
If yes, dates: _____ Reason for: _____

3) Has the proposed applicant ever had surgery? YES NO
If yes, dates: _____ Type of surgery: _____

4) Is applicant taking any medications other than listed above? YES NO
If yes, details: _____

Additional comments: _____

UNDERWRITER'S OPINION (DO NOT WRITE IN THIS AREA: FOR UNDERWRITING SERVICES USE ONLY)

A final underwriting decision will be based on a formal application which can be submitted at any time for consideration. The final decision may be different from the opinion shown below.
Based solely on the information shown above; the proposed applicant may:
 be eligible for coverage. not be eligible for coverage.

Underwriter Comments: _____

Underwriter: _____ Date: _____