



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is approved, any intentional misstatements or omissions may result in future claims being denied and the plan being rescinded.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:

Expediting an Application

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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 Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you a foreign national residing legally in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

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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B. Are you a prior GeoBlue Member ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

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 X

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 12 months

Billing Date

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

Agreement (All applicants)

I, the undersigned, agree to the following:

- 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.
- I agree to become a member of the Global Citizens Association and acknowledge that membership is subject to the terms and conditions set forth in the Membership Agreement which will be mailed to me with my welcome packet. Prices include a membership fee for the Global Citizens Association (GCA). If you are already a member, your membership will be extended for 12 months. Members may request a pro-rated adjustment of current membership fees. Please contact GCA at admin@gcassociation.org.
- 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.
- 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.
- 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.

- If I am accepted, this application will become part of the agreement between the insurance carrier and myself.
- 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.
- The selling agent has no authority to promise me coverage or to modify underwriting or terms of any GeoBlue Navigator coverage.
- 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.

Yes. I Agree X

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.

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.

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.

Important details about this plan and the Affordable Care Act:

THIS IS NOT QUALIFYING HEALTH COVERAGE (“MINIMUM ESSENTIAL COVERAGE”) THAT SATISFIES THE HEALTH COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT. IF YOU DON’T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

If at any time during its term, this policy coverage is in conflict with any laws, statutes or regulations of the U.S. federal government or any of its agencies, the insurer shall have the right to exchange this policy with a substitute plan.

To see if you are required to purchase Minimum Essential Coverage and to learn more details, please visit our Affordable Care Act page: <https://www.geobluetravelinsurance.com/marketing/AHA.cfm>.

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.

Visa/ Passport No.

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 plan.

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

The coverage requested may not be available.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, 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 _____ Agent I.D. Number