

IFP probable underwriting decision request

Blue Shield can help you evaluate applicant eligibility for IFP coverage.

- Complete this form. Probable underwriting decisions require a complete health picture for each person listed on the application. If you need more room to provide details on conditions and/or medications, please attach an additional sheet of paper with the name of the applicant or dependent clearly marked.
- Fax the form with any additional pages to Blue Shield Underwriting at (209) 367-6648.
- Expect a response by fax:
 - Requests received before 12 p.m., Monday through Friday, will have a response by end of the same day.
 - Requests received after 12 p.m., Monday through Friday, will have a response by noon of the next business day.

Required information

Name of applicant		# Family members	County of Residence
Individual subscriber plans <input type="checkbox"/> Active Start Plan 35* <input type="checkbox"/> Active Start Plan 35 Generic Rx* <input type="checkbox"/> Active Start Plan 25* <input type="checkbox"/> Active Start Plan 25 Generic Rx* <input type="checkbox"/> Essential Plan 1750* <input type="checkbox"/> Essential Plan 3000* <input type="checkbox"/> Essential Plan 4500*	Shield Spectrum PPOSM plans <input type="checkbox"/> PPO Plan 500 <input type="checkbox"/> PPO Plan 1500 <input type="checkbox"/> PPO Plan 750 <input type="checkbox"/> PPO Plan 2000 <input type="checkbox"/> PPO Plan 5000* <input type="checkbox"/> Blue Shield Life PPO Plan 1500* <input type="checkbox"/> Blue Shield Life PPO Plan 2000* Vital ShieldSM <input type="checkbox"/> Vital Shield 2900*	Shield Spectrum PPOSM Savings plans <input type="checkbox"/> PPO Savings Plan 2400 (Individual) <input type="checkbox"/> PPO Savings Plan 4800 (Family) <input type="checkbox"/> PPO Savings Plan 4000 (Individual)* <input type="checkbox"/> PPO Savings Plan 8000 (Family)*	Blue Shield HMO plans <input type="checkbox"/> Access+ HMO Plan <input type="checkbox"/> Access+ Value HMO Plan BalanceSM Plans <input type="checkbox"/> Balance Plan 1000* <input type="checkbox"/> Balance Plan 1700* <input type="checkbox"/> Balance Plan 2500*

Medical conditions

Applicant data					Dependent #1 data				
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific diagnosis			Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No		Specific diagnosis			Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete details of condition, including current status					Complete details of condition, including current status				
Treatment date(s)		Recovery date(s) if applicable			Treatment date(s)		Recovery date(s) if applicable		
Current medications/dosages					Current medications/dosages				

General concerns/questions (remember: you can attach additional pages as needed)

Producer information

BSC producer name	Producer ID#	Phone #	Fax #	E-mail
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For underwriting use only - underwriting response

<input type="checkbox"/> Possible Tier 1 <input type="checkbox"/> Possible Tier 2 <input type="checkbox"/> Possible Tier 3 <input type="checkbox"/> Possible Tier 4 <input type="checkbox"/> Possible Tier 5 <input type="checkbox"/> Decline	Notes
	Underwriter
	Date

This is not a final underwriting decision or acceptance of coverage. Underwriting provides this probable action response as a courtesy to help you evaluate possible eligibility for coverage, and this response is based on the information provided on this form. Blue Shield makes final decisions for coverage based on the signed, complete application only. Please attach this form to the application. Thank you.

* These plans are underwritten by Blue Shield of California Life & Health Insurance Company.