



FIRST BENEFITS, INC.

Completing the Individual Health Insurance Application
for Blue Cross Blue Shield of Georgia PPO

Use Black Ink. Note the Black Vertical Tabs that define certain sections.

SELF Section – Last Name, First Name, SS#, Date of Birth, Height, Weight, Requested Effective date (use the 1st or the 15th of the next month and add 15 days from the date you completed the application), County you live, Are you Married, Single etc. Include your Mailing Address telephone numbers.
Please answer the “Do you have other medical coverage?” questions and the Medicare/Medicaid questions. Most persons are not eligible for this coverage.

TYPE OF COVERAGE APPLIED FOR:

Check Individual or family Coverage

Blue Choice Preferred Provided (PPO) plan is our most requested plan

Office Visits would be \$20

Deductible would be whichever one you desire based on your plan selection (the \$500 and \$1000 are most popular)

Leave the rest of this area blank

SPOUSE and CHILDREN Section:

Please include all the information required for persons you wish to cover including Spouse and each child. If you need more children’s space, please list on a separate sheet. It is important to have dependent Social Security numbers but it is not required to complete the application.

HEALTH QUESTIONS:

Please answer all medical questions. Make sure you actually check the box and that each question relates to every person for which you are requesting health insurance.

After answering the medical questions, SIGN the “I HAVE ANSWERED THESE QUESTIONS...” section.

Section C: Please list any doctors, and at least their City and State, that you or any other proposed insured have seen in the last two years.

Section D: List details of any question you answered “Yes” to in section A and B. If a Doctor has been seen in the last two years give a reason for the visit. Please be thorough by putting the month(s) and Year of the treatment; the name and address of the Attending Physician, and any other details.

Read the material below “If Additional Space is Needed...” section, check the “I Do Understand” box and sign on the Applicant’s and, if appropriate, the Spouses Signature.

If you live in Atlanta or North of Atlanta, GA, please **Mail** your application to the **Sales Office** below.

If you live South of Atlanta, please **Mail** your application to the **Main Office** below.

With our signed application, include a check for the 1st month’s premium payment to BCBS of GA. See our Website if you need assistance with Rates.

Please call if we can assist you in any way.

Understand that you are not covered until approved in writing by BCBS of GA.

Sales Office: ← **MAIL APPLICATIONS HERE!**

First Benefits – Atlanta
3827 Roswell Road, Bld. 100
Marietta, GA 30062

(770) 643-4800
(770) 643-4870 fax
(800) 825-7605
mark@firstbenefits.com

www.FirstBenefits.com

Main Office:

First Benefits, Inc.
3783 Vineville Avenue
Macon, GA 31204

(478) 475-9555
(478) 475-5222 fax
(800) 715-7021
roscoe@firstbenefits.com