



Renewal and Savings Form

Please type or print clearly



Complete all sections below, sign and date, and return this form at least 30 days prior to your anniversary date.

Contact name _____	Title _____	Federal Tax ID # _____
Group name _____	City _____ State _____ ZIP _____	Total number of employees _____
Email address _____	Telephone number _____	Group/CID # _____

You will need to choose a new plan from the options listed below. **Note that all plans include prescription and vision coverage.** You may contact your broker or IBC account executive for additional information. For your convenience, you will be automatically enrolled in the recommended coverage if we do not hear from you 30 days prior to your anniversary date.

Please note: Groups with 2 – 4 enrolled contracts may select a maximum of one medical plan for all enrollees. Groups with 5 – 50 enrolled contracts may select a maximum of two medical plans.¹ If you currently have more options than what is permitted, you must reduce the number of plans you offer. Based on this requirement, please limit the number of plans you offer by selecting the option(s) you would like below and returning this form.

Keystone HMO*	Bill to account #	Keystone Direct POS*	Bill to account #	Personal Choice PPO®*	Bill to account #	Personal Choice HSA-Qualified (all contract year)	Bill to account #
<input type="checkbox"/> 1 <input type="checkbox"/> 1.1	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 1.1	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 1.1	_____	<input type="checkbox"/> HDHP 1	
<input type="checkbox"/> 2 <input type="checkbox"/> 2.1	_____	<input type="checkbox"/> 2 <input type="checkbox"/> 2.1	_____	<input type="checkbox"/> 2 <input type="checkbox"/> 2.1	_____	<input type="checkbox"/> HDHP 2	
<input type="checkbox"/> 3 <input type="checkbox"/> 3.1	_____	<input type="checkbox"/> 3 <input type="checkbox"/> 3.1	_____	<input type="checkbox"/> 3 <input type="checkbox"/> 3.1	_____	<input type="checkbox"/> HDHP 3	
<input type="checkbox"/> 4 <input type="checkbox"/> 4.1	_____	<input type="checkbox"/> 4 <input type="checkbox"/> 4.1	_____	<input type="checkbox"/> 4 <input type="checkbox"/> 4.1	_____	<input type="checkbox"/> HDHP 4	
<input type="checkbox"/> 5 <input type="checkbox"/> 5.1	_____	<input type="checkbox"/> 5 <input type="checkbox"/> 5.1	_____	<input type="checkbox"/> 5 <input type="checkbox"/> 5.1	_____	<input type="checkbox"/> HDHP 5	
<input type="checkbox"/> 6 <input type="checkbox"/> 6.1	_____	<input type="checkbox"/> 6 <input type="checkbox"/> 6.1	_____	<input type="checkbox"/> 6 <input type="checkbox"/> 6.1	_____	<input type="checkbox"/> I have employees interested in opening an HSA account with Bancorp.	
<input type="checkbox"/> 7 <input type="checkbox"/> 7.1	_____	<input type="checkbox"/> 7 <input type="checkbox"/> 7.1	_____	<input type="checkbox"/> 7 <input type="checkbox"/> 7.1	_____		
<input type="checkbox"/> Basic Dental	_____	<input type="checkbox"/> Basic Dental	_____	<input type="checkbox"/> 8 <input type="checkbox"/> 8.1	_____		
<input type="checkbox"/> Pediatric Dental	_____	<input type="checkbox"/> Pediatric Dental	_____	<small>* You may not select identical medical plans, for example, PPO 1 and PPO 1.1</small>	_____		

I would like to add coverage for dependents to age 30. I would like to add Domestic Partner Coverage.

Comments _____

Employer signature _____ **Effective date** _____

¹Groups with 2 – 4 enrolled contracts may add a second medical option to an HMO/POS plan only if a PPO plan is needed for an out-of-area employee. Groups with 5 – 50 enrolled contracts may add a third medical option to a HMO/POS plan only if a PPO plan is needed for an out-of-area employee. Sole proprietors may select either HMO 3 or HDHP 2.

All benefit selections must meet Independence Blue Cross underwriting guidelines including number of plan offerings allowed based on group size.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield, independent licensees of the Blue Cross and Blue Shield Association.