

Application Checklist

This Checklist MUST be submitted with the Application.

Have I:

From All Applicants:

- Answered all the questions on the application?
and
- Signed *and dated* the application?
and
- Included two forms of proof of Missouri residency?
Examples are: copy of Missouri Driver's License; utility bill with listed mailing address and applicant's name listed; credit card billing with listed mailing address and applicant's name listed; copy of a "Green Card" or Immigration Visa with listed mailing address and applicant's name listed; and Missouri state income tax form.
- Provide a notice of rejection or refusal to issue similar health insurance due to health reasons by at least **two** insurers.

From Applicants Applying under the 150% Rule:

- Included a letter, form or bill from my current health insurance carrier?
and
- Included a copy of my current policy's Schedule of Benefits, Benefit Booklet, or other descriptive information verifying the details of my current benefits?

From Applicants Applying under the "Involuntary Termination" Rule:

- Included a Certificate(s) of Creditable Coverage stating the period I was previously covered and terminated. If Certificate(s) are not immediately available (but must be sent to MHIP when received), I have included a copy of one or more of the following documents:
 - Signed letter or form from current insurance carrier stating when my coverage terminated or terminates
 - Signed letter or form from current or previous employer stating when my coverage terminated or terminates
 - Signed letter or form from a court official or judge if your coverage was terminated due to employer of carrier bankruptcy or similar situation and none of the previous documents are available
 - Other Approved Documents or Correspondence

Special Note: IF I qualify for the MHIP due to an involuntary termination of my previous health coverage or qualify due to the "150% Rule", the MHIP will honor any medical or prescription drug plan deductible satisfied for the current calendar year, but only if proper documentation is submitted. To accomplish this, I have included a copy of an Explanation of Benefits from my current carrier or administrator verifying how much, if any, of my calendar year deductible was satisfied.

Acceptance to the Program is NOT guaranteed. It is vital that you do NOT cancel any health insurance coverage you may have now UNTIL the MHIP, administered by Anthem Blue Cross Blue Shield, CONFIRMS your coverage.

Include check or money order with this application. Make check payable to Anthem Blue Cross Blue Shield.