

Improving your health can mean lower rates for MyBlue Medigap coverage. This form verifies changes to your health status that may lower your monthly premium rate. Please complete the top portion of this form and sign at the bottom. Then ask your physician to complete the Health status changes section and sign where indicated. Send the complete form to BCN at the address below.

If your health status changes meet eligibility requirements for a lower rate, your premium will change on the first of the month following the date BCN receives this form. Note: A change in BMI does not guarantee a change in your monthly premium. If your status changes, you must notify BCN.

Please print

Patient information				
<i>To the member: Please complete the Patient information section and sign and date this form at the bottom</i>				
Name				
Telephone no.	()	Date of birth mm/dd/yyyy		
BCN contract no.				
For the Physician: Verification of health status changes				
<i>Please complete all sections and sign where indicated.</i>				
Health factor	Tobacco use	Body Mass Index	Weight	Height
Previous value as of (date):	<input type="checkbox"/> Smoker		<i>lbs</i>	<i>ft in</i>
Current value as of (date):	<input type="checkbox"/> Nonsmoker <input type="checkbox"/> Smoke free for at least 12 months		<i>lbs.</i>	<i>ft in</i>
<i>I verify that the information supplied above is complete and accurate.</i>				
Physician name			State license no.	
Physician signature				
Date			Telephone no.	()
Patient Signature				
<i>I attest the above information is true.</i>				
Patient name			Date	
Patient signature				

Questions? Call Customer Service at 800-662-6667 (TTY: 800-257-9980).

You or your doctor can return the completed form:

By mail to: Blue Care Network, Mail Code C411
P.O. Box 5043
Southfield, MI 48086-5043

Or fax to: 1-877-218-1466

You and your doctor should save a copy for your records