



UNICARE Health Insurance Company of the Midwest

# Exceptions to Standard Application

Name of Applicant <i>(Please print)</i> <b>X</b>	Social Security No.
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The applicant must complete the appropriate section below that applies to their enrollment. This form must be submitted with the Individual Application and other required documents when applicable.

## PART A: ENROLLMENT APPLICATION OVER 30 DAYS OLD (Update required)

**Purpose:** To allow applicants to certify that the health status as submitted on the application has not changed since submission. I, \_\_\_\_\_ certify that the submitted health status of myself and all listed dependents remains the same as shown on my application dated: \_\_\_\_\_.

**Please note:** If the health history of any applicant has changed, a new Enrollment Application must be completed.

Subscriber's Signature <b>X</b>	Date <i>(Required)</i>	Dependent's Signature <b>X</b>	Date <i>(Required)</i>
Spouse's Signature <b>X</b>	Date <i>(Required)</i>	Dependent's Signature <b>X</b>	Date <i>(Required)</i>

If UNICARE approves my application, please assign an effective date of either the  1<sup>st</sup> or the  15<sup>th</sup> of \_\_\_\_\_. This date must be after the above signature date, but not greater than 75 days from the signature on this Exceptions Form. If you do not request an effective date and your application is approved, UNICARE will assign an effective date of the 1<sup>st</sup> or 15<sup>th</sup> of the month following approval of your application.

Is any applicant (male or female) listed on the Application expecting a child, or in the process of adoption or surrogate pregnancy with anyone, whether or not listed on the Application? .....  Yes  No

If yes, please explain: \_\_\_\_\_

## PART B: LEGAL AND FINANCIAL RESPONSIBILITY (If not the natural or adoptive parent)

I, \_\_\_\_\_, accept full legal and financial responsibility for the individual information disclosed on this application for \_\_\_\_\_  
Name of Applicant

Signature <b>X</b>	Date <i>(Required)</i>
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*IF YOU ARE THE LEGAL GUARDIAN, PLEASE ATTACH A COPY OF THE COURT-APPOINTED GUARDIANSHIP PAPERS.*

**THIS ADDENDUM TO YOUR ORIGINAL APPLICATION IS ON FILE WITH UNICARE**

**PLEASE SEE THE REVERSE SIDE OF THIS FORM**

**PART C: STATEMENT OF ACCOUNTABILITY**

To be used when the Applicant cannot complete the application because of one of the following circumstances:

I, \_\_\_\_\_, personally read and completed the Enrollment Application for \_\_\_\_\_, dated \_\_\_\_\_ because:

- Check all that apply:  Does not read English       Does not speak English  
 Does not write English       Applicant is a minor  
 Other (Explain) \_\_\_\_\_

I have translated and explained the contents of this form, and to the best of my knowledge obtained and listed all the requested personal and medical history disclosed by \_\_\_\_\_. I have also translated and fully explained the "Conditions of Application".

Signature <b>X</b>	Date (Required)
Print Name	Relationship to Applicant

**IMPORTANT: THE VALIDITY OF THIS INFORMATION IS SUBJECT TO THE SAME CONDITIONS OF APPLICATION AS THOSE SIGNED ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AND WILL BECOME PART OF THE AGREEMENT BETWEEN UNICARE AND THE ABOVE LISTED MEMBER(S).**

*To provide further information, please use additional sheets if necessary. Please indicate the number of additional sheets submitted \_\_\_\_\_, and please identify the family member(s). All additional sheets must be signed by the applicant.*

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PLEASE SEE THE REVERSE SIDE OF THIS FORM**