

# BlueCross BlueShield BluePlus of Minnesota

## STEP CHILD APPLICATION



Thank you for your application for coverage with Blue Cross Blue Shield of Minnesota or Blue Plus. We welcome the opportunity to serve your health care coverage needs.

Your child may meet the criteria of an eligible dependent under your contract. In order to consider a stepchild or legal ward as an eligible dependent, we require additional information. Please provide the following:

1. Full name and relationship of child

P.O. Box 64560

St. Paul, MN

55164-0560

651.662.8000

1.800.382.2000

www.bluecrossmn.com

First	Middle	Last	Relationship
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2. What Percentage of support do you and your spouse provide for this child? \_\_\_\_\_%

3. Do you claim this child for tax purposes? \_\_\_\_\_ YES \_\_\_\_\_ NO

4. Is this child permanently residing in your household? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. Is this child eligible for benefits elsewhere? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of contract holder or policyholder \_\_\_\_\_

6. Are you court appointed permanent legal guardian of this child? \_\_\_\_\_ YES \_\_\_\_\_ NO

If any questions are answered "No", please give full explanation:

\_\_\_\_\_  
(Use the reverse side of this page for additional comments or information. Attach all copies of legal documentation pertaining to this child)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

If you should have any questions or concerns, please call our Customer Service Specialists at 1-800-382-2000 or contact your group leader.

Sincerely,

Membership Services