



**BlueCross BlueShield  
of Illinois**

## Offer Acceptance and Initial Premium Form

**Identification Case ID: [Solo # to Identify Case]**

Group Name: [Group Name]

Rate Effective Date: [Group Rate Effective Date]

Total Contracts: [# Total Contracts]

Next Renewal Date: [Group Renewal Date]

### Proposed BCBSIL Plan

The following is the proposed Blue Cross and Blue Shield of Illinois (BCBSIL) health benefits plan(s) offered to replace your current UniCare plan(s):

<b>Plan: [BCBS Plan Code]</b>	<b>EO</b>	<b>EC</b>	<b>ES</b>	<b>EF</b>	<b>Total</b>
<b>Monthly Rates</b>	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]
<b>Contract Enrollment</b>	[xxx]	[xxx]	[xxx]	[xxx]	[xxx]
<b>Plan: [BCBS Plan Code]</b>	<b>EO</b>	<b>EC</b>	<b>ES</b>	<b>EF</b>	<b>Total</b>
<b>Monthly Rates</b>	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]
<b>Contract Enrollment</b>	[xxx]	[xxx]	[xxx]	[xxx]	[xxx]
<b>Plan: [BCBS Plan Code]</b>	<b>EO</b>	<b>EC</b>	<b>ES</b>	<b>EF</b>	<b>Total</b>
<b>Monthly Rates</b>	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]	[\$xxx.xxx]
<b>Contract Enrollment</b>	[xxx]	[xxx]	[xxx]	[xxx]	[xxx]

Estimated Monthly Premium Due

You may accept this offer online at [www.bcbsil.com/gobluegroup](http://www.bcbsil.com/gobluegroup). Enter your identification case number and other group information found on your cover letter and follow the steps for completing the offer acceptance. Or, sign and fax this acceptance sheet to 312-946-3799, attention: BCBSIL Group Limited Offer. Or, sign and mail your acceptance using the enclosed envelope.

Your response is needed by **Tuesday, December 1, 2009.**

**ACKNOWLEDGED AND AGREED:**

**Yes, I accept this exclusive, one-time only offer from BCBSIL for health benefits coverage, to replace policies currently provided by UniCare.**

With this acceptance:

- (i) I acknowledge that I have read and understand the BCBSIL offer dated October 29, 2009; and
- (ii) I agree that my UniCare group health policy is terminated effective at the end of December 31, 2009; and
- (iii) I acknowledge that this BCBSIL group health policy becomes effective 11:59 p.m. on December 31, 2009, but only after I have paid the initial premium amount due, as shown above; and
- (iv) I authorize the transfer to BCBSIL of all files and records related to the subscribers and dependents covered under the UniCare health policy issued to our group; and
- (v) I understand that this acceptance represents my written application for new BCBSIL group policy for health benefits insurance, as outlined above; and
- (vi) I authorize the transfer by UniCare to BCBSIL of any premium paid by me to UniCare for periods after December 31, 2009.

\_\_\_\_\_  
Signature, Authorized Representative:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Date:

**Please retain a copy of this Offer Acceptance for your records.**