



**BlueCross BlueShield  
of Illinois**

## Offer Acceptance Form

Name of Policyholder:

Identification Number:

Rate Effective Date:

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### Proposed BCBSIL Health and Dental Benefits Plan

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The following is the proposed BCBSIL plan to replace your current UniCare plan.

**Health Plan:**

**Dental Plan:**

**Initial Health with Dental Premium:**

If you choose to **DECLINE** the BCBSIL offer for dental benefits and to retain your existing UniCare dental coverage, you will need to **EXCLUDE** the product from your acceptance of this offer by checking the here.

Exclude Dental

Note: You are not required to select BCBSIL dental coverage in order to take advantage of this special offer for health benefits coverage.

**You may accept this offer online at [www.acceptofferil.com](http://www.acceptofferil.com). Enter the identification number listed above and follow the steps for completing the offer acceptance. Or, sign and return this acceptance sheet in 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 Blue Cross and Blue Shield of Illinois (BCBSIL) for coverage, to replace the policy 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 understand that the pre-existing condition waiting period under this BCBSIL policy will be waived for all those insured under this BCBSIL policy as of 11:59 p.m. on December 31, 2009; and
- (iii) I understand that this offer is contingent on my UniCare policy remaining in effect through December 31, 2009, meaning my UniCare policy has not lapsed due to nonpayment of premiums and the expiration of any applicable UniCare grace period, or BCBSIL will not extend coverage pursuant to this offer; and
- (iv) I agree that by accepting this offer my UniCare policy is terminated effective at the end of December 31, 2009; and this BCBSIL policy becomes effective 11:59 p.m. on December 31, 2009; and
- (v) I authorize the transfer to BCBSIL of all files and records related to the UniCare policy this offer replaces; and
- (vi) I authorize the transfer by UniCare to BCBSIL of any premium paid by me to UniCare for periods after December 31, 2009; and
- (vii) [I understand that this acceptance represents my written acceptance of the attached Rider to the Policy Regarding Coverage Exclusions.]

\_\_\_\_\_  
Name of Policyholder:

\_\_\_\_\_  
Signature of Policyholder  
(or Parent/Guardian if Policyholder is a minor)

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

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

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