

Primary Applicant Name (First, Middle, Last)	Social Security Number	Group/Billing Unit No.	Effective Date
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AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage for myself and for all other persons named in this application. I understand that I am making application for the coverage offered by Wellmark, Inc., doing business as Wellmark Blue Cross and Blue Shield of Iowa (Wellmark), and that coverage will not start on the requested effective date until after this application and the premium submitted are received and accepted by Wellmark and the requested effective date is approved by Wellmark.

I certify that, after this application was completed, I carefully and fully read it, that the statement and answers set forth are full, true and correct, to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark will rely upon the completeness and truthfulness of the information given and the statements made, and that if I have made any false statements or misrepresentations, or have failed to disclose or have concealed any material fact, Wellmark will be entitled to declare the health care policy void and to refuse allowance of benefits to any person thereunder.

I understand that the coverage applied for will not pay benefits for any expense incurred for any pre-existing condition. I understand that this is not a continuation of any previous coverage, including any prior Wellmark Blue Cross and Blue Shield of Iowa Short Term Major Medical policy.

I acknowledge that this policy does not meet the definition of qualifying previous coverage or qualifying existing coverage is defined in section 513C.3(15)(a), (b), or (c). As a result, if the policy is issued, I and all other persons named on this application may not be eligible to purchase an individual Iowa Basic or Standard plan.

I acknowledge receipt of a copy of this application, an outline of coverage, and a benefits policy.

 APPLICANT SIGNATURE

 DATE

 AGENT SIGNATURE

 DATE

 PRINT AGENT NAME

AGENT NO.