

## Individual Health Insurance – Literature Fulfillment Request Form

Please enter the number of each piece you are requesting and fax this form to (423) 535-1933 or e-mail it to Individual\_Sales@bcbst.com. All materials will be shipped via regular mail.

PersonalBlue Materials			
Qty.		Qty.	
	<b>PersonalBlue PPO Packet</b>		<b>PersonalBlue HDHP Packet</b>
	Brochure – COMM-643 (08.10)		Brochure – COMM-643 (08.10)
	Application – APP-IHCA (07.10)(JUL10)		Application – APP-IHCA (07.10)(JUL10)
	Notice of Privacy Practices – M-212 (04.09)		Notice of Privacy Practices – M-212 (04.09)
	Term Life Insurance – GISI-G-108 (4.11)		Term Life Insurance – GISI-G-108 (4.11)
	HIPAA Portability & Accountability – COMM-377 (06.07)		HIPAA Portability & Accountability – COMM-377 (06.07)
	BluePerks Discount Drug Card – RX-04		BluePerks Discount Drug Card – RX-04
			Wells Fargo HSA Insert – HSABP-01
			First Horizon HSA Insert - M-237
			HSA-Qualified Expenses Insert – COMM-409 (02.10)
<b>Qty.</b>			
	<b>Optional Materials</b>		
	BCBST Mailing Envelope – FORM-97		
	Individual Health Coverage Change Application – APP-IHCC (3.11)		
SHORT-TERM PERSONAL HEALTH COVERAGE			
Qty.		Qty.	
	<b>Short-Term Packets</b>		<b>Optional Materials</b>
	Brochure/Application – COMM-317 (04.09)		Agent Mailing Envelope – M-227 (10.09)
	Notice of Privacy Practices – M-212 (04.09)		
GUARANTEED ISSUE MATERIALS			
Qty.		Qty.	
	<b>Guaranteed Issue Packets</b>		<b>Optional Materials</b>
	Brochure – COMM-429 (10.10)		Agent Mailing Envelope – COMM-PPO-140
	Application – APP-102-GI (07.10)		HIPAA Change Application – APP-140 (08.10)
	Notice of Privacy Practices – M-212 (04.09)		
	Rate Sheet – COMM-PPO-141 (10.10)		
	BluePerks Discount Drug Card – RX-04		
	BluePerks Flier – COMM-405-E (3.11)		
PERSONAL DENTAL/VISION COVERAGE			
Qty.		Qty.	
	<b>Stand-Alone Dental / Vision Packet</b>		<b>Optional Materials</b>
	Personal Dental/Vision Brochure/Application – COMM-537 (09.10)		Personal Dental/Vision Change Application – APP-144 (08.10)
	Notice of Privacy Practices – M-212 (04.09)		Agent Mailing Envelope - M-269 (11.08)
	BluePerks Discount Drug Card – RX-04		
MISCELLANEOUS OPTIONAL MATERIALS			
Qty.		Qty.	
	Broker Return Envelope – Form-119 (10.09)		
	Personal VisionBlue Brochure - COMM-670 (2.11)		
	BluePerks Flier – COMM-405-E (3.11)		
	Personal VisionBlue Flier – COMM-673 (6.11)		
	Personal Dental Coverage Benefits Summary - M-225 (6.11)		



BlueCross BlueShield of Tennessee  
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 bcbst.com

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IHCP\_Lit\_Req\_Form (8.11)

<b>Ship to: (We cannot ship to a PO box.)</b>		
Name:	Company:	Agent #:
Address:		
City:	State:	ZIP: