

Individual Reinstatement Request

Your ID Number: _____	Date: _____
Your Name (please print): _____	Phone: _____

IMPORTANT: If you would like to be considered for reinstatement of coverage, please provide the information requested, include payment to bring your account up to date, sign at the bottom of the page where indicated, and return it all to us at the address above within five business days.

Register for a myblue account at www.mynebraskablue.com to manage future payments. Registering allows you to set up payments to be automatically withdrawn from your bank account, debit card or credit card each month.

If you have questions about reinstatement, completion of this form or your payment options, please call out Member Services Department toll-free. You can find the number on the back of your Blue Cross and Blue Shield of Nebraska ID card.

An individual terminated for non-payment ***may be considered*** for reinstatement by acknowledging the requirements listed below.

1. Full payment is made to bring account current.
2. Premium is due the first of each month going forward. There is a 10-day grace period. Your premium must be in our office by the end of the grace period.
3. Reinstatement of coverage ***is an exception and if approved***, may only be allowed one time.
4. If payment is returned from the individual's bank for any reason or if your check is submitted after the grace period has expired, we will have to terminate your coverage.
5. If reinstatement is approved, you will receive a new Schedule of Benefits.

Form must be signed to begin the reinstatement review process.

Member Signature

Date