



An Independent Licensee of the Blue Cross and Blue Shield Association

# Submission Cover Page

## Health Insurance for Individuals and Families

Applicant Name: \_\_\_\_\_  
(Print) First Middle Last

Applicant ID: \_\_\_\_\_  
(Example: IAXXXXXXX)

Plan Name: \_\_\_\_\_

Please attach the following items to this page if applicable.

- Authorization for Automatic Account Withdrawal form (to be completed by Payer)
- Affidavit Common Law Marriages form

Your application for health insurance has been submitted to us electronically, so you don't need to send another copy to us.

My signature below certifies I am legally authorized to apply for coverage for all persons named in this application and I agree to comply with those terms outlined in the Application Agreement and Certification section of my online application. If this application is for dependent children only, dependents over age 18 must sign below. If any person listed on this application is under age 18, a parent/legal guardian must also sign below.

_____	____/____/____	_____
Authorized Signature	Date	Relationship to Applicant* (Please Print)
_____	____/____/____	_____
Authorized Signature	Date	Relationship to Applicant* (Please Print)
_____	____/____/____	_____
Authorized Signature	Date	Relationship to Applicant* (Please Print)
_____	____/____/____	_____
Agent Signature	Date	Agent Number

\*Relationship: Self, Spouse, Parent, Stepparent, Foster Parent, Legal Guardian, Power of Attorney, Oldest Dependent, Other.  
 \*\*US Able Life Insurance Company is an independent life insurance company that does not provide Wellmark Blue Cross and Blue Shield of Iowa products or services. US Able Life Insurance Company is solely responsible for the life insurance coverage.

Send this cover page and the materials listed above to:

**Wellmark Blue Cross and Blue Shield**  
**Station 3W190**  
**PO Box 14527**  
**Des Moines, IA 50306-3527**  
**Email: INDMEMMAIN@Wellmark.com**  
**Fax: 515-376-9045**

Note: If this is the only documentation you are sending to us, please fax this page to the number above.