



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

Under 65 Individual Underwriting BlueCross BlueShield of South Carolina Phone: 803-788-0222, ext.46401 Fax: 803-264-0251 E-mail: individualuw@bcssc.com

REQUEST FOR UNDERWRITING OPINION

This form should be used by the agent when there is a question about a proposed applicant's medical eligibility. Please complete a separate form for each applicant and do not attach medical records. Completed forms may be sent to the fax number or e-mail address listed above. You will receive a response by return fax within two business days.

Date: Proposed Insured: Agent's Name: Age: Agent's Fax: Height: Weight: Tobacco Use:

Select the desired Personal Blue Plan: Single Family Deductible Range:

Medical History Details:

Table with 5 columns: Condition/Diagnosis, Date of Onset, Treatment/Medication, Date of Recovery, Degree of Recovery. Rows 1, 2, 3.

DO NOT WRITE IN THE AREA BELOW - FOR UNDERWRITING DEPARTMENT USE ONLY

Based solely on the information listed above, the proposed applicant may be:

- Approved standard, Approved with an exclusion rider, Declined, Medical records will be required

Underwriter comments:

Underwriter Date

The final underwriting decision will be based on a formal application which can be submitted at any time. This is not a binding agreement, and the opinion rendered above is in no way a guarantee of enrollment. The final decision may be different from what is shown above. Agents should retain a copy of this form as the Underwriting department will not maintain an opinion file.