

Helpful tips

Blue Shield of California Medicare Supplement Plan Transfer Application

Here are some helpful tips to assist you in filling out the Medicare Supplement Plan Transfer Application.

When is this application used?

This application is used when a current Blue Shield of California Medicare Supplement plan member wants to do one or more of the following:

- Transfer to a Medicare Supplement plan of equal or lesser value during an open enrollment period – Guaranteed Acceptance
- Enroll in the Household Savings Program
- Enroll in or change a dental or dental/vision plan

Paperless

To support the paperless initiative, the [transfer application](#) is now available for download only as a fillable application.

Two copies built in

There are two copies built into the document, one for Blue Shield and one for the member. The second copy is automatically populated. You can find where to send the Blue Shield copy at the top of the first page of the transfer application.

What needs to be filled out

- Applicant's personal information
 - When applying for enrollment in the Household Savings Program, the other participant must complete the Household Savings section
- Note:** If requesting a change to a plan type of equal or lesser value, or to add or change the dental option, both members must also complete their own transfer applications.
- If requesting a change to a richer plan (including Plan F to Plan F Extra), the member must complete a full Medicare Supplement application, along with the statement of health and release statement.
 - Payment Information

- Conditions of membership – applicant's signature and date
- Producer information, if applicable
- Medicare claim number, Blue Shield of California plan member ID number (if available), signature and date (Household Savings section)
- Dental plan option selection

Signature lines

Once you finish filling out the application online, please:

1. Print it out
2. Sign and date both copies where appropriate
3. Give the member a copy for their records
4. Mail, fax, or scan and email the signed and dated Blue Shield of California copy to us as noted on the first page of the application

The signature lines must be signed and dated on the Blue Shield copy before we can process this application.

Active subscribers requesting participation in the Household Savings Program without a change to current plan:

The person listed on page 1 of the transfer application will be enrolled as the primary subscriber (policyholder). The person listed in the Household Savings Program section of the transfer application will be enrolled as the dependent.

Note: Once an applicant is re-enrolled as a dependent under the primary subscriber, we will send a welcome kit and ID cards confirming enrollment in the Household Savings Program under the Primary subscriber's ID.

We hope these tips have been helpful.