Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

12 Month Rate Guarantee Waiver
For Adding or Changing Products Off-Anniversary

Group Name as it appears on group billing invoice: _____

Existing BCBSLA Group Number: _____

To be completed by a BCBSLA Regional Office Representative

Existing Health Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

New Health Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
New Health Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

New Life (STD/AD&D) Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
New Life (STD/AD&D) Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

New Group Long Term Disability (LTD) Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
New Group Long Term Disability (LTD) Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

New Voluntary Short Term Disability (VSTD) Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
New Voluntary Short Term Disability (VSTD) Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

New Voluntary Long Term Disability (VLTD) Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
New Voluntary Long Term Disability (VLTD) Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

New Voluntary Group Term Life (AD&D, VSL,VCL) Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
New Voluntary Group Term Life (AD&D,VSL,VCL) Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

Voluntary High Limit AD&D (VHL) Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
Voluntary High Limit AD&D (VHL) Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

New Dental Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
New Dental Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

New Vision Effective Date: _____ Month: ____ ☐ 1st ☐ 15th Year ____
New Vision Anniversary Date: _____ Month: ____ ☐ 1st ☐ 15th

The above group has elected to add or change group insurance coverage for the above effective date. This new group insurance policy is being added off anniversary from the existing group policy. In order to properly administer all group benefits, billing and renewals, the new group coverage anniversary will be stated above.

As a result of adding this new group coverage off-anniversary from the existing group coverage, the group has agreed to waive the twelve month rate guarantee provision stated in the new group product. Any changes in premium rates will be communicated in accordance with the renewal process for the above Existing Anniversary Date.

_____ _____
Employer/Policyholder Signature Date

_____ _____
Blue Cross and Blue Shield of Louisiana Date
and/or HMO Louisiana, Inc. or
Southern National Life Insurance Company, Inc. Signature

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Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.