New Subscriber Enrollment

For BCN, or Physician Choice PPO, also complete page 4, Primary Care Provider Selection form

☐ Blue Cross Blue Shield of Michigan	
Blue Cross group number	Division

Employer representative signature SIGN

☐ Blue Care Network		
BCN group number	Subgroup number	Class number
00290134	0001	0001

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

A. Subscriber information

☐ Non-U.S. citizen	Social Security /TIN number (required)	Subscriber legal last name	Subscriber legal first name	M.I.	Marital status	Gender/Sex
	765-34-3811	Brunin	Aiden		☐ S ☐ M	☐ F ☐ M

Subscriber birth date	Home street address	City	State	ZIP code
09/30/2003	704 Maple St	Stryker	OH	43557

County	Country - if other than USA	Primary telephone number	Secondary telephone number	Email
Williams County		616-710-2155 ☐ Home ☐ Work ☐ Cell	☐ Home ☐ Work ☐ Cell	

B. Dependent information — List all family members to be covered. If you have more than four dependents, complete additional copies of this form.

	Legal last name	Legal first name	M.I.	Gender/Sex	Birth date	Non-U.S. citizen	Social Security/TIN number (required)	Relationship (see instructions for codes)
Spouse				☐ F ☐ M		☐		
Dep. 1				☐ F ☐ M		☐		
Dep. 2				☐ F ☐ M		☐		
Dep. 3				☐ F ☐ M		☐		
Dep. 4				☐ F ☐ M		☐		

If the permanent address of the spouse or dependent is different from the subscriber address above, please complete the information below:

Spouse or dependent (full name)	Street address	City	State	ZIP code

C. Other health care coverage (Coordination of benefits and Medicare information)

Do you, your spouse or dependents have other health care coverage? ☐ Yes ☒ No If yes, complete this section.	Person covered (full name)		☐ Check if this applies to all members on this contract	
	Employer or group name	Policy number	Insurer	Original effective date

Are any members listed enrolled in Medicare? ☐ Yes ☒ No | If yes, check category: ☐ Over 65 and working ☐ Retiree ☐ Disabled ☐ ESRD | Medicare ID _____

☐ Medicare primary ☐ Blue Cross or BCN primary	☐ Subscriber ☐ Spouse ☐ Dependent: _____	Medicare A effective date	Medicare B effective date	Medicare D effective date

I have read and understand the conditions of this form | Subscriber signature SIGN Aiden Brunin | Date 6/30/2026

D. Health savings, health reimbursement and flexible spending account options - Blue Cross coverage only. See page 1 instructions for product codes.

Select account option: ☐ HRA ☐ HSA ☐ FSA FSA goal amount _____ ☐ Opt out | Blue Cross product indicator code:

E. Employer/Group use only

Group name	Employer reference ID	Department ID	Benefit code	Plan code	Hire date	Effective date
Lean Rocket Lab						

Check coverage if applicable: ☐ Medical ☐ Vision ☐ Dental ☐ Pharmacy

Check enrollment type: ☐ Open enrollment ☐ New hire ☐ Rehire ☐ Return from layoff ☐ Surviving spouse ☐ Retiree

☐ Salary ☐ Hourly ☐ Full time ☐ Part time

☐ Loss of eligibility (prior coverage) Insurer's name (including Blue Cross & BCN) _____ Policy number _____ Contract holder _____ Termination date _____

☐ COBRA (36 mos.) Check reason: ☐ Termination ☐ Layoff ☐ Reduction of hours ☐ Deceased subscriber ☐ Divorce or legal separation ☐ Loss of dependent status | Previous contract number | Original qualifying date

Primary Care Provider Selection

Use this form to choose or change primary care providers for your BCBSM Physician Choice PPO or BCN HMO.

Blue Cross Blue Shield Blue Care Network of Michigan

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Choose a primary care provider at enrollment

If you are enrolling in Blue Cross Blue Shield of Michigan Physician Choice PPO or Blue Care Network, you must select a primary care provider for yourself and each person on your contract. If you have more than four dependents, use additional copies of this form.

- You can choose a single PCP for your entire family, or different PCPs for different family members.
- Only family or general practice providers can serve as a PCP for the entire family.
- You cannot choose a specialist as your PCP.
- Subscribers must provide their Social Security number, if they are U.S. citizens, or tax identification number (TIN) if they are non-U.S. citizens.

Change your primary care provider

You may also change your primary care provider by logging onto your bcbsm.com account or using the bcbsm.com mobile app.

- If using this form, all changes become effective two business days after we receive this form, unless you request a later effective date. You cannot select an earlier date.
- If you change your primary care provider while being treated by a specialist, your new primary care provider must reauthorize the treatment you're receiving. Your treatment may not be covered until that occurs. You may ask to change your primary care provider effective immediately by calling the Customer Service number on the back of your Blue Cross or BCN ID card.

☐ Non-U.S. citizen	Subscriber Social Security/TIN number (required)

BCN/Blue Cross group number	BCN subgroup/Blue Cross division number	BCN class number
00290134	0001	0001

Member Information

	Member last name, first name	Provider last name, first name	Provider's NPI# *Can be found on* **bcbsm.com/find-a-doc**	Provider address	If changing PCPs, list reason	Seen in the last 12 months?
Subscriber						☐ Yes ☐ No
Spouse						☐ Yes ☐ No
Dep. 1						☐ Yes ☐ No
Dep. 2						☐ Yes ☐ No
Dep. 3						☐ Yes ☐ No
Dep. 4						☐ Yes ☐ No

Group/Employer name Lean Rocket Lab		Effective date of change:
I have read and understand the conditions of this form.	Subscriber signature SIGN	Signature date

Need information about available primary care providers?

Our website, bcbsm.com/find-a-doctor, provides the most current information on Blue Cross and BCN-affiliated primary care providers, including the NPI# required above. You can search for a family practice, general medicine, internal medicine, pediatrics, preventive medicine, city or hospital group.

For Blue Cross Blue Shield of Michigan:

Mail completed form to:

Blue Cross Blue Shield of Michigan
Membership and Billing – MC J 202
P.O. Box 312260
Detroit, MI 48231

Fax to **1-866-900-2619**

For Blue Care Network:

Mail completed form to:

Blue Care Network
Membership and Billing – MC J 207
P.O. Box 44257
Detroit, MI 48244-0257

Fax to **1-877-218-1466**