



## Exceptions to Standard Application

Name of Employee (Please print)	Social Security No.
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The applicant must complete the appropriate section below that applies to their enrollment. This form must be submitted with the Employee Application and other required documents when applicable. **Please note: If the health history of any applicant has changed, a new Group Employee Application must be completed.**

### PART A: ENROLLMENT APPLICATION OVER 60 DAYS OLD (Update required)

**Purpose:** To allow applicants to certify that the health status as submitted on the application has not changed since submission. I, \_\_\_\_\_ certify that the submitted health status of myself and all listed dependents remains the same as shown on my application dated: \_\_\_\_\_.

Signature of Employee	Date (Required)
X	X
Signature of Employee's Spouse	Date (Required)
X	X

### PART B: STATEMENT OF ACCOUNTABILITY (To be used when the Applicant cannot complete the application because of the reason(s) indicated below.)

I, \_\_\_\_\_, personally read and completed the Individual Application for \_\_\_\_\_, dated ( \_\_\_ / \_\_\_ / \_\_\_ ) because:

- Check all that apply:
- |   |   |
|---|---|
| <input type="checkbox"/> Does not write English | <input type="checkbox"/> Applicant is incapacitated |
| <input type="checkbox"/> Does not speak English | <input type="checkbox"/> Other (Explain)            |

\_\_\_\_\_  
 \_\_\_\_\_

I have translated the contents of this form and to the best of my knowledge, obtained and listed all the requested personal and medical history disclosed by \_\_\_\_\_. I also translated and fully explained the "Conditions of Application."

Signature	Date (Required)
X	X

**IMPORTANT: The validity of this information is subject to the same conditions of application as signed on \_\_\_ / \_\_\_ / \_\_\_ and will become part of the agreement between UniCare and the above listed applicant.**

**THIS ADDENDUM TO YOUR ORIGINAL APPLICATION IS ON FILE WITH UNICARE**