PersonalBlue PPO℠

Health History Update and Attestation of Health Form

Complete this section if your or your family's health has changed since your original application:		
APPLICANT INFORMATION		
Today's Date:	Application ID Number (for internal use):	
Last Name:	First Name:	Middle Name:
Date of Birth:	Age:	Gender: ☐ Male ☐ Female
Which applicant does the health history change apply to?:		
Which medical question from the application does it apply to?:		
Date Condition Began:	Date Condition Ended:	
Diagnosis/Condition:		
Treatment Rendered:	Still Under Treatment?: ☐ Yes ☐ No	
Treating Physician/Hospital:		
Physician/Hospital Telephone Number:		

By way of my signature and date, I, _____, hereby attest that my or my family's health history/health status has not changed since my initial application for health insurance was made, _____, and I or my dependents have not had any visits to a primary care physician or specialist's office, or visits to a hospital emergency room or outpatient facility, and have not been prescribed any new prescription drugs not previously disclosed on my application.

_____ _____

Applicant's Signature Date

Please return your medical history attestation to us via one of the following methods:

- Sign, scan, and email the form to us at: [CBCIAMUPPO@capbluecross.com]
- Sign and fax the form to us at: [717-346-3745]
- Or sign and mail the form to us at:

[Capital BlueCross
1221 West Hamilton Street, Mail Drop 0625
Allentown, PA 18102-4370]

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