
BLUECROSS BLUESHIELD OF TENNESSEE, INC.
801 PINE STREET
CHATTANOOGA, TENNESSEE 37402

Notwithstanding any Group Agreement provision, amendment, or endorsement to the contrary, it is agreed, this Group Agreement is amended as follows:

1. In the Evidence of Coverage (EOC) under the heading **Enrolling in the Plan, Section E. Enrollment Upon Change of Status**, will be modified as follows:

E. Enrollment Upon Change in Status

If You have a change in status, You may be eligible to change Your Coverage other than during the Open Enrollment Period. Subscribers must, within the time-frame set forth below, submit a change form to the Group representative to notify the Plan of any changes in status for themselves or for a Covered Dependent. Any change in Your elections must be consistent with the change in status.

1. You must request the change within 31 days of the change in status for the following events: (1) marriage or divorce; (2) death of the Employee's spouse or dependent; (3) change in dependency status;] (4) Medicare eligibility; (5) coverage by another Payor; (6) birth or adoption of a child of the Employee; (7) termination of employment, or commencement of employment, of the Employee's spouse; or (8) switching from part-time to full-time, or from full-time to part-time status by the Employee or the Employee's spouse.
 2. You must request the change within 60 days of the change in status for the following events: (1) loss of eligibility for Medicaid or CHIP coverage, or (2) becoming eligible to receive a subsidy for Medicaid or CHIP coverage.
2. Under the heading, **DEFINITIONS**, the following sections will be included:

CHIP – The State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1396 et. seq.)

Medicaid – The program for medical assistance established under title XIX of the Social Security Act (42 U.S.C. 1396 et. seq.)

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