



Mail to: Membership & Billing, MS 737  
 PO Box 3048  
 Spokane, WA 99220

Phone: 800-971-1491  
 student.lifewiseac.com



INTERNATIONAL STUDENT HEALTH INSURANCE POLICY  
 ENROLLMENT AND CHANGE FORM

1. PERSONAL INFORMATION																		
Student name (Last)			(First)			(MI)		Student ID		Phone ( )		E-mail address						
Home address				City		State		ZIP		Mailing address (if different than home address)			City		State		ZIP	
2. PLAN CHOICE (You must re-enroll every fall quarter regardless of previous coverage status)																		
Enrollment Period – Quarterly Options						Enrollment Period – Annual Options												
<input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer						<input type="checkbox"/> Annual starting in Autumn (4 Qtrs) <input type="checkbox"/> Annual starting in Winter (3 Qtrs) <input type="checkbox"/> Annual starting in Spring (2 Qtrs)												
3. ENROLLMENT INFORMATION																		
Reason for Add or Drop (New enrollment, birth, marriage, divorce, etc.)						Date of Event / /		<i>NOTE: Please indicate each enrollee's name. ID card names are limited to 26 characters and spaces.</i>										
Add	Drop	Relationship to Student		Last Name			First Name		MI	Date of Birth			Gender					
													Male	Female				
<input type="checkbox"/>	<input type="checkbox"/>									/ /			<input type="checkbox"/>	<input type="checkbox"/>				
Ethnicity (Optional)		(Check All That Apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian/Pacific Islander			Check All That Apply <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino		Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____		Secondary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____									
Add	Drop	Relationship to Student		Last Name			First Name		MI	Date of Birth			Gender					
													Male	Female				
<input type="checkbox"/>	<input type="checkbox"/>									/ /			<input type="checkbox"/>	<input type="checkbox"/>				
Ethnicity (Optional)		(Check All That Apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian/Pacific Islander			Check All That Apply <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino		Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____		Secondary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____									
Add	Drop	Relationship to Student		Last Name			First Name		MI	Date of Birth			Gender					
													Male	Female				
<input type="checkbox"/>	<input type="checkbox"/>									/ /			<input type="checkbox"/>	<input type="checkbox"/>				
Ethnicity (Optional)		(Check All That Apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian/Pacific Islander			Check All That Apply <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino		Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____		Secondary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____									

Does a dependent have a different mailing address? <input type="checkbox"/> No <input type="checkbox"/> Yes				If yes, complete the following: Dependent's Name _____			
Dependent's mailing _____		City _____		State _____		ZIP _____	
Is any child age 26 or over enrolling for coverage due to disability? <input type="checkbox"/> No <input type="checkbox"/> Yes. Complete and attach a <i>Request for Certification of Disabled Dependent</i> form.							
Has any enrollee had health insurance coverage at any time during the past 3 months before your enrollment date on this plan?							
<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, who was covered? <input type="checkbox"/> Student <input type="checkbox"/> Dependent Children					
<input type="checkbox"/> Spouse / Registered Domestic Partner (We are either both of the same sex or one of us is at least 62 years of age)		Date coverage began _____ / _____ / _____		Date coverage ended _____ / _____ / _____			
Will any enrollee have other current health coverage including Medicare, which will remain in effect when your LifeWise coverage begins?							
<input type="checkbox"/> No <input type="checkbox"/> Yes, please complete and attach an <i>Other Coverage Questionnaire</i> form.							

<b>4. STUDENT SIGNATURE</b>
I declare that to the best of my knowledge, all of the information on this form is true and complete, and all of the persons for whom I am requesting enrollment are eligible for coverage. I have also read and understand the provisions as stated on the reverse side. The changes on this form supersede all previous forms submitted.
Student signature _____ Date signed ____ / ____ / ____
<b>Please note:</b> <i>It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.</i>

**CONDITIONS OF ENROLLMENT/SIGNATURE**

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan as described in the plan brochure available on the university's website. By accepting this Conditions of Enrollment/Signature I attest that I am eligible for this coverage and that I authorize the university to provide LifeWise Assurance Company (LifeWise) with my enrollment status to validate eligibility under the plan. LifeWise reserves the right to review, at any time, that the eligibility requirements for enrollment have been met. If it is determined that you do not meet the school's eligibility requirements for enrollment or you have performed an act or practice that constitutes fraud, your coverage may be voided (voided means to cancel coverage back to its effective date, as if it had never existed at all). If coverage is voided, payments made by the plan shall be recoverable by the plan. Premium is not refundable for any reason other than a determination of ineligibility or unless you, your spouse, or your domestic partner enters the military service on full-time active duty. I understand and agree that submission of this enrollment information and/or premium payment does not guarantee coverage. Rates are limited to the options listed and are not pro-rated. I authorize LifeWise, at its option, to pay providers directly for services rendered. I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**PRIVACY POLICY**

We may collect, use, or disclose personal information about you, including health information, your address, telephone number or Social Security number. We may receive this information from, or release it to, health-care providers, insurance companies, or other sources to conduct our routine business operations such as: underwriting and determining your eligibility for benefits and paying claims; coordinating benefits with other health-care plans; conducting care management, case management, or quality reviews. This information may also be collected, used or released as required or permitted by law. To safeguard your privacy and ensure your information remains confidential, we train all employees on our written confidentiality policy and procedures. If a disclosure of your personal information is not related to a routine business function, we will remove anything that could be used to easily identify you, unless we have your prior authorization to release such information. You have the right to request inspection and/or amendment of your records retained by us. To view or print copies of our detailed Privacy Notice, please visit our web site at [student.lifewiseac.com](http://student.lifewiseac.com). To have forms mailed to you, please call the number below.

**NEWLY ACQUIRED DEPENDENTS**

You must enroll your newly acquired dependent within 30 days of marriage or domestic partner registration or within 60 days of birth or placement for adoption in order to enroll them at any other time than when you are purchasing coverage.

**REQUIRED SOCIAL SECURITY NUMBER AND CONTACT EMAIL ADDRESS**

023244 (05-2018)

Under the Affordable Care Act (ACA), all health plans must provide an IRS Form 1095-B to fully insured members starting in 2017. You'll need Form 1095-B to help you file your taxes, much like your W-2.

If you have any questions about the information included in this notice, please call us at 800-971-1491

Underwritten by LifeWise Assurance Company 7007 - 220TH SW, Mountlake Terrace, WA 98043

## Discrimination is Against the Law

LifeWise Assurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise Assurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

LifeWise Assurance Company:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that LifeWise Assurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals  
PO Box 91102, Seattle, WA 98111  
Toll free 855-332-6396, Fax 425-918-5592, TTY 800-842-5357  
Email AppealsDepartmentInquiries@LifeWiseHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Getting Help in Other Languages

**This Notice has Important Information.** This notice may have important information about your application or coverage through LifeWise Assurance Company. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-971-1491 (TTY: 800-842-5357).

### አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይይዛል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ LifeWise Assurance Company ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቁፍቶች ሊኖሩ ይችላሉ። የጤናን ሽፋን ለመጠበቅና በአስፈላጊ አርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች አርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ አርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 800-971-1491 (TTY: 800-842-5357) ይደውሉ።

### العربية (Arabic):

يحتوي هذا الإشعار معلومات هامة. قد يحتوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال LifeWise Assurance Company. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ (800-971-1491) (TTY: 800-842-5357)

### 中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 LifeWise Assurance Company 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-971-1491 (TTY: 800-842-5357)。

### Oromoo (Cushite):

Beeksisti kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa LifeWise Assurance Company tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-971-1491 (TTY: 800-842-5357) tii bilbilaa.

### Français (French):

**Cet avis a d'importantes informations.** Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de LifeWise Assurance Company. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-971-1491 (TTY: 800-842-5357).

### Kreyòl ayisyen (Creole):

**Avi sila a gen Enfòmasyon Enpòtan ladann.** Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè LifeWise Assurance Company. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-971-1491 (TTY: 800-842-5357).

### Deutsche (German):

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch LifeWise Assurance Company. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-971-1491 (TTY: 800-842-5357).

### Hmoob (Hmong):

**Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm LifeWise Assurance Company. Tej zaum muaj cov hnuab tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawm muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-971-1491 (TTY: 800-842-5357).

### Iloko (Ilocano):

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar mabalín nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti LifeWise Assurance Company. Daytoy ket mabalín dagiti importante a petsa iti daytoy a pakdaar. Mabalín nga adda rumbeng nga aramidényo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyó wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-971-1491 (TTY: 800-842-5357).

### Italiano (Italian):

**Questo avviso contiene informazioni importanti.** Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso LifeWise Assurance Company. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-971-1491 (TTY: 800-842-5357).

**日本語 (Japanese):**

この通知には重要な情報が含まれています。この通知には、LifeWise Assurance Company の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-971-1491 (TTY: 800-842-5357)までお電話ください。

**한국어 (Korean):**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 LifeWise Assurance Company 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-971-1491 (TTY: 800-842-5357) 로 전화하십시오.

**ລາວ (Lao):**

**ແຈ່ງງານນີ້ມີຂໍ້ມູນສຳຄັນ.** ແຈ່ງງານນີ້ອາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄ່າຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ LifeWise Assurance Company. ອາດຈະມີວັນທີ່ສຳຄັນໃນແຈ່ງງານນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມກຳນົດດວດາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສະເພາບ ຫຼື ຄວາມດ່ວຍເຫຼືອເລື້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມດ່ວຍເຫຼືອ ຕາມພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃຫ້ໂທຫາ 800-971-1491 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

**សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។** សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ LifeWise Assurance Company ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កំណត់ថ្លៃ ជាដាច់ខាត ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-971-1491 (TTY: 800-842-5357)។

**ਪੰਜਾਬੀ (Punjabi):**

**ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ.** ਇਸ ਨੋਟਿਸ ਵਿੱਚ LifeWise Assurance Company ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਦੀ ਹੋਵੋ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇੱਛੁਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁੜ ਵਿੱਚ ਤੇ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-971-1491 (TTY: 800-842-5357).

**فارسی (Farsi):**

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق LifeWise Assurance Company باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-971-1491 تماس بگیرید. (800-842-5357) تماس برقرار نمایید.

**Polskie (Polish):**

**To ogłoszenie może zawierać ważne informacje.** To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez LifeWise Assurance Company. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-971-1491 (TTY: 800-842-5357).

**Português (Portuguese):**

**Este aviso contém informações importantes.** Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do LifeWise Assurance Company. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-971-1491 (TTY: 800-842-5357).

**Română (Romanian):**

**Prezenta notificare conține informații importante.** Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin LifeWise Assurance Company. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-971-1491 (TTY: 800-842-5357).

**Русский (Russian):**

**Настоящее уведомление содержит важную информацию.** Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через LifeWise Assurance Company. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-971-1491 (TTY: 800-842-5357).

**Fa'asamoa (Samoan):**

**Atonu ua iai i leni fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai.** O leni fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, LifeWise Assurance Company, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i leni fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i leni fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le ia tatau e maua atu i leni fa'asilasilaga ma leni fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-971-1491 (TTY: 800-842-5357).

**Español (Spanish):**

**Este Aviso contiene información importante.** Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Assurance Company. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-971-1491 (TTY: 800-842-5357).

**Tagalog (Tagalog):**

**Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon.** Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng LifeWise Assurance Company. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-971-1491 (TTY: 800-842-5357).

**ไทย (Thai):**

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอรับประกันสุขภาพของคุณผ่าน LifeWise Assurance Company และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่เสียค่าใช้จ่าย โทร 800-971-1491 (TTY: 800-842-5357)

**Український (Ukrainian):**

**Це повідомлення містить важливу інформацію.** Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через LifeWise Assurance Company. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-971-1491 (TTY: 800-842-5357).

**Tiếng Việt (Vietnamese):**

**Thông báo này cung cấp thông tin quan trọng.** Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình LifeWise Assurance Company. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-971-1491 (TTY: 800-842-5357).