



BlueChoice Health Plan Medicaid Assistance Request Form

Girls in grades K5-8th grade who want to enroll as Girl Scouts and who self-identify as members of BlueChoice Health Plan Medicaid are able to have their \$25 membership fee paid and receive a \$5 credit toward Girl Scout Program items. BlueChoice Health Plan Medicaid recognizes the importance of the Girl Scout Leadership Experience in girls' lives.

Directions: *Parents or Troop Co-Leaders may complete this form:*

Collect and provide each girl's Blue Choice Health Plan Medicaid number to GSSC-MM (***name and number must match as it appears on the BlueChoice Medicaid card***) when you register for the new membership year online.

When registering online, Financial Assistance should be selected as the payment type. A member of the GSSC-MM Customer Care team will contact you and finalize the process. We submit the member information to BlueChoice on the first Monday of each month to confirm applicants are current members.

Once it is confirmed that you are current members of BlueChoice Health Plan Medicaid we will provide you with a \$5 Girlz Gear voucher to use toward one of the three following options:

1. Uniform Components (sash, vest, tunic, membership pin, or starting insignia)
2. Journey Book or Girl's Guide to Girl Scouting
3. Badge Activity Set

Troop # _____ Service Unit # _____ County _____

Name of Person Submitting Form _____

Contact Phone Number _____ Contact Email _____

Applicant's Full Name <i>Girl's Name as it appears on card</i>	BlueChoice #	Date Joined Girl Scouts	Girl Scout Grade Level Daisy (K5 & 1st) Brownie (2nd & 3rd) Junior (4th & 5th) Cadettes (6th—8th)

Office Use Only

BlueChoice Assistance has been approved Processed By: _____ Date: _____

BlueChoice Assistance has not been approved. Explain: _____

Authorization to Pay Girl Scout Membership Fee

I authorize BlueChoice HealthPlan Medicaid ("BlueChoice") to pay my daughter's annual membership fee for the local Girl Scouts of the USA (the "Girl Scouts") so she can receive Girl Scout Program Materials and participate in Girl Scout activities. I understand that, for BlueChoice to pay the Girl Scouts, BlueChoice must inform the Girl Scouts that my daughter is enrolled in BlueChoice. I authorize BlueChoice to do so. This authorization does not permit BlueChoice to disclose any other information about my daughter or to disclose any information to another party.

I understand that the Girl Scouts may not be subject to federal or state health information privacy laws and, therefore, could re-disclose any or all of the information disclosed to them. BlueChoice will not condition my daughter's (or my) enrollment in a health plan or eligibility or payment for benefits under a health plan on receiving this authorization.

This authorization is voluntary. I may revoke this authorization by sending a request in writing to BlueChoice at the address listed below. My revocation will not affect any use or disclosure of information about my daughter that BlueChoice makes before my revocation. This authorization will expire once BlueChoice pays my daughter's annual Girl Scout membership fee.

I have read the contents of this authorization and understand it. I understand that by signing below, I am confirming my authorization for the use and disclosure of information described above.

Daughter's Name (please print clearly)

Date

Parent's or Guardian's Name (please print clearly)

BlueChoice Member ID Number

Parent's or Guardian's Signature

Please check appropriate box: Parent or Guardian

*Please return this form and the BlueChoice Health Plan Medicaid Assistance Request to any of the Girl Scout Service Centers.

**Please make a copy of this authorization
before you submit it if you would like to keep a copy for yourself.**