



Blue Cross and Blue Shield of Louisiana
HMO Louisiana

I wish to restart my health insurance

Contract number: _____
Subscriber name: _____
Payment amount: _____

By signing this letter, I am asking for my health plan to be restarted (also called reinstated). I understand that **Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. must review my request. This form does not mean that my health plan will be restarted.**

Sign here:

Date:

Print your name here:

Please fill in your contact information:

Email:

Phone:

IMPORTANT NOTE:

Members who bought their plans on HealthCare.gov **must call HealthCare.gov at 1-800-318-2596.** Blue Cross or HMO Louisiana cannot restart their health plans.