



Blue Cross and Blue Shield of Louisiana  
HMO Louisiana

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**I wish to restart my health insurance**

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**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.

**How to Send Us This Form:**

**By Mail:** Blue Cross and Blue Shield of Louisiana  
Accounts Receivable (Reinstatement Request)  
P.O. Box 261798  
Baton Rouge, LA 70826

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