

**Blue Cross**

of California

Individual Services Division



**Mailing Address:**  
P.O. Box 6666  
Oxnard, CA 93031-6666

May 8, 1990

CERTIFIED MAIL

*6/25/90 -  
paid to 6/1/90  
cancelling retroactive*

Mr. [redacted]  
[redacted]  
[redacted]

Regarding: Self  
Certificate No.: [redacted]  
Group No.: 00038C; 00038D  
Policy: Two Party Plan  
Effective Date: September 1, 1988, September 1, 1989  
Blue Cross Agent: Steven Shorr, #24489

Dear Mr. [redacted]

In reviewing the claims from [redacted] a Hospital for services of January 22, 1989 through January 23, 1989 we find there were omissions on your Application for Blue Cross Individual Enrollment signed August 17, 1988. A copy is enclosed for your review.

Your Application disclosed the following health history:

[redacted] None. You indicated you had not seen any physicians for any conditions.

The medical records from Sam [redacted], M. D. disclose:

September 9, 1987: Referred by [redacted] M. D., "for evaluation of fatigue and abnormal liver function tests. . . had a bout of severe hepatitis in India, was stabbed in a restaurant in Haiti which required surgery there with multiple transfusions. . . drinks three or four drinks a day on most days and wine with dinner."

September 21, 1987: "History of hepatitis."

September 24, 1987: Liver biopsy done at [redacted] a Hospital. "Diagnosis: Liver biopsy with mild fatty metamorphosis and marked portal fibrosis with focal hepatolysis and inflammation. Note: The biopsy appears to show liver with a background of alcoholic liver disease with severe portal fibrosis with additional changes that suggest a superimposed

"For Customer Service — Individual Plans"  
(800) 333-0912

Mr. [REDACTED]  
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hepatitis."

Had this information been disclosed initially, you would not have been accepted. According to our underwriting guidelines, any applicant with a history of hepatitis, with abnormal liver function tests and liver biopsy, is ineligible for enrollment.

In such cases, your contract provides for rescission of coverage due to omissions as specified under 'Conditions of Application,' Part 8:

'I alone am responsible for reading and accurately completing this application. Nothing has been left off regarding the past or present health of anyone listed on this application. I understand that no one listed on this application is eligible for benefits if any information on this application is false, incomplete or omitted and Blue Cross will void all coverage from the original effective date of the Agreement for such misstatements or omissions. If the applicant is a minor, I accept full legal and financial responsibility for the coverage'