

XI. RACE, ETHNICITY, LANGUAGE (This information is voluntary.)

CareFirst BlueChoice, Inc. is asking its members to voluntarily provide their race, ethnicity, and language attributes. The information provided, while voluntary, will assist us to improve quality of care and access to care, thereby reducing health care disparities and promoting better health outcomes. The information you provide will not have a negative impact on any services we provide to you. The information is kept strictly confidential and will not be shared unless we are required by law to disclose it.

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|---|--------------------------------|---------------------------------------|---------------------------|------------------------------------|
| Race | Ethnicity | Preferred Spoken Language* | 09 Farsi | 18 Russian |
| White/Caucasian | Hispanic/Latino/Spanish origin | 01 English | 10 French (European) | 19 Serbian |
| Black or African American | | 02 Albanian | 11 Greek | 20 Somali |
| American Indian or Alaska Native | | 03 Amharic | 12 Gujarati | 21 Spanish (Latin America) |
| Asian | | 04 Arabic | 13 Hindi | 22 Tagalog (Filipino) |
| Native Hawaiian or Other Pacific Islander | | 05 Burmese | 14 Italian | 23 Urdu |
| Other – (To include Multi-Racial) | | 06 Cantonese | 15 Korean | 24 Vietnamese |
| Decline to answer | | 07 Chinese (simplified & traditional) | 16 Mandarin | 98 Other and unspecified languages |
| Unknown – Could not be determined | | 08 Creole (Haitian) | 17 Portuguese (Brazilian) | 99 Unknown |

Last Name		First Name	Race	Ethnicity	Country of Origin	Preferred Spoken Language (*specify number from above)
Enrollee						
Spouse/ Domestic Partner/ Civil Union Partner						
Child						
Child						
Child						
Child						

Enrollee Signature Date