



Enrollment Form

TODAY'S DATE: _____

CLIENT INFORMATION

CLIENT NAME (PLAN SPONSOR / EMPLOYER) _____

CLIENT # _____

GROUP # _____

CARDMEMBER INFORMATION

FIRST NAME _____

MI _____

LAST NAME _____

ID # _____

SSN# _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

CELL PHONE _____

EMAIL _____

COVERAGE TYPE

PLEASE CHECK ONE:

SINGLE CARDMEMBER/SPOUSE CARDMEMBER/CHILD CARDMEMBER/CHILDREN FAMILY

EFFECTIVE DATE: _____

REASON CODE

A	NEW ENROLLMENT
B	REINSTATE MEMBER
C	REINSTATE DEPENDENT / SPOUSE
D	ADD DEPENDENT / SPOUSE
E	TERMINATE COVERAGE
F	TERMINATE DEPENDENT COVERAGE
G	NAME CHANGE
H	ADDRESS CHANGE
I	GROUP CHANGE: FROM _____ TO _____

J	RDS ENROLLMENT, APPLICATION NUMBER IF APPLICABLE: _____
K	ISSUE CARD
L	DO NOT ISSUE ID CARD
M	COBRA ENROLLMENT
N	COBRA TERMINATION
O	STUDENT STATUS UPDATE
P	DISABLED DEPENDENT
Q	OVERAGE DEPENDENT**
R	DEPENDENT ADDRESS DIFFERS FROM CARDMEMBER (INCLUDE ON BACK)

ELIGIBILITY

	LAST NAME	FIRST NAME	MI	GENDER	BIRTHDATE	SSN	HICN	REASON CODES
CARDMEMBER								
02 SPOUSE								
EMAIL/PHONE*								
03 DEPENDENT								
EMAIL/PHONE*								
04 DEPENDENT								
EMAIL/PHONE*								
05 DEPENDENT								
EMAIL/PHONE*								
06 DEPENDENT								
EMAIL/PHONE*								
07 DEPENDENT								
EMAIL/PHONE*								
08 DEPENDENT								
EMAIL/PHONE*								

*OPTIONAL, ONLY IF DIFFERENT FROM CARMEMBER

COORDINATION OF BENEFITS

SECONDARY COVERAGE ID NUMBER _____

INSURANCE COMPANY _____

POLICY / GROUP# _____

EMPLOYER/PLAN SPONSOR _____

EFFECTIVE DATE _____

SIGNATURES

MEMBER SIGNATURE _____

CLIENT SIGNATURE _____

FOR INTERNAL USE ONLY:

DATE ENTERED: _____

ENTERED BY: _____

LOGGED BY: _____

Back of Enrollment Form

Dependent Address (1) (if differs from cardmember)

FIRST NAME MI LAST NAME ID # SSN

MAILING ADDRESS CITY STATE ZIP CODE

PHONE NUMBER CELL PHONE EMAIL

Dependent Address (2) (if differs from cardmember)

FIRST NAME MI LAST NAME ID # SSN

MAILING ADDRESS CITY STATE ZIP CODE

PHONE NUMBER CELL PHONE EMAIL

Dependent Address (3) (if differs from cardmember)

FIRST NAME MI LAST NAME ID # SSN

MAILING ADDRESS CITY STATE ZIP CODE

PHONE NUMBER CELL PHONE EMAIL

Dependent Address (4) (if differs from cardmember)

FIRST NAME MI LAST NAME ID # SSN

MAILING ADDRESS CITY STATE ZIP CODE

PHONE NUMBER CELL PHONE EMAIL

Dependent Address (5) (if differs from cardmember)

FIRST NAME MI LAST NAME ID # SSN

MAILING ADDRESS CITY STATE ZIP CODE

PHONE NUMBER CELL PHONE EMAIL