

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 CARDMEMBER

## 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: _____
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# 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	