

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:<br>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: \_\_\_\_\_