



TODAY'S DATE:

CLIENT INFORMATION

Hammonton Board of Education
CLIENT NAME (PLAN SPONSOR / EMPLOYER)

CLIENT #

GROUP #

CARDMEMBER INFORMATION

Form fields for 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: 07/01/2017

REASON CODE

Table with columns A-I: NEW ENROLLMENT, REINSTATE MEMBER, REINSTATE DEPENDENT / SPOUSE, ADD DEPENDENT / SPOUSE, TERMINATE COVERAGE, TERMINATE DEPENDENT COVERAGE, NAME CHANGE, ADDRESS CHANGE, GROUP CHANGE

Table with columns J-R: RDS ENROLLMENT, APPLICATION NUMBER IF APPLICABLE; ISSUE CARD, DO NOT ISSUE ID CARD, COBRA ENROLLMENT, COBRA TERMINATION, STUDENT STATUS UPDATE, DISABLED DEPENDENT, OVERAGE DEPENDENT**, DEPENDENT ADDRESS DIFFERS FROM CARDMEMBER (INCLUDE ON BACK)

ELIGIBILITY

Table with columns: LAST NAME, FIRST NAME, MI, GENDER, BIRTHDATE, SSN, HICN, REASON CODES. Rows for CARDMEMBER, 02 SPOUSE, 03 DEPENDENT, 04 DEPENDENT, 05 DEPENDENT, 06 DEPENDENT, 07 DEPENDENT, 08 DEPENDENT

*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