

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: _____