



# ENROLLMENT/CHANGE FORM

**FOR EMPLOYER USE ONLY**

Group No. \_\_\_\_\_  
 Contract Type \_\_\_\_\_  
 Effective Date \_\_\_\_\_

**Check One**

- New Enrollment
- Name Change
- Facility Change\*
- COBRA
- New Social Security Number/  
Employee ID Number
- Address Change
- Add Dependent
- Remove Dependent

Indicate effective date of change:  
 \*(Does not pertain to facility change)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Month) (Day) (Year)

**COBRA Enrollment Only**

Please indicate qualifying event:

- Termination
- Divorce
- Widowed
- Overage Dependent
- Surviving Dependent

Indicate qualifying date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Month) (Day) (Year)

**Primary Enrollee Information**

VERY IMPORTANT - PLEASE PRINT LEGIBLY (Please leave one blank box between each word)

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Mailing Address: \_\_\_\_\_  
(Street Address)  
 \_\_\_\_\_  
(City) (State) (Zip Code)

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year) Male  Female  Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer/Group: \_\_\_\_\_

Location: \_\_\_\_\_

Soc. Security #: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

Contract Facility Name: \_\_\_\_\_ Contract Facility #: \_\_\_\_\_

**Dependent Information**

VERY IMPORTANT - PLEASE PRINT LEGIBLY (To add additional dependents, please attach a separate sheet.) Note: You may choose up to three separate offices for yourself and all dependent enrollees.

PLEASE LIST ELIGIBLE DEPENDENTS TO BE COVERED IN ADDITION TO YOURSELF

Relationship Code*	Dependent Name	Male/ Female <small>(Check One)</small> M F	Date of Birth <small>(Month) (Day) (Year)</small>	Contract Facility Name	Contract Facility #:
____	_____	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	_____	_____

\*Relationship Codes: Place the following two character code in the first column to designate each dependent as follows:  
 Spouse - SP Domestic Partner - DP Child - CH Child of DP - CD Other Adult - OA Other Child - OC

Signature of Primary Enrollee \_\_\_\_\_

Date \_\_\_\_\_