

## **Enrollment Form**

TODAY'S DATE:

				CLIENT IN	NFOR	MAII	ON				
CLIENT NAME (PLAN SPONSOR / EMPLOYER)  CARDME					CLIENT # MEMBER INFORMATION				GROUP #		
						•					
FIRST NAME		MI	LAST NAME				ID#		SSN#		
MAILING ADDRESS C				CITY	CITY		STA	STATE			
PHONE NUMBER			CELL PHONE				EMA	IL			
PLEASE CHECK ONE:				COVERA	COVERAGE TYPE				EFFECTIVE DATE:		
	CARDMEMBER/SPC	OUSE	CARDMEMBER/CH	_	•			☐ FAMIL			
				REAS		ODE					
A NEW ENROL					J			PPLICATION N	IUMBER IF APPLICABLE:		
B REINSTATE N	MEMBER DEPENDENT / SPOUSE	<u> </u>			K L		E CARD OT ISSUE ID CAF	RD			
D ADD DEPEN	DENT / SPOUSE				М	COBF	RA ENROLLMENT	-		_	
E TERMINATE	COVERAGE DEPENDENT COVERAG	GF			N O		RA TERMINATION ENT STATUS UP				
G NAME CHAN	GE	aL .			P	DISA	BLED DEPENDE	NT			
H ADDRESS CH					Q R		AGE DEPENDEN		ROM CARDMEMBER (INCLU	IDE ON BACK)	
FROM_		TO			Ú,	NI.	INDENT ADDRES	S DIFFERS FR	TOW CARDWEINBER (INCLU	DE ON BACK)	
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	LAST NAME		FIRST NAME	ELI	GIBIL GEN	.ITY   IDER	BIRTHDATE	SSN	HICN	REASON	
CARDMEMBER										CODES	
02 SPOUSE											
EMAIL/PHONE*											
03 DEPENDENT											
EMAIL/PHONE*									·		
04 DEPENDENT											
EMAIL/PHONE*		•		1 1						•	
05 DEPENDENT											
EMAIL/PHONE*											
06 DEPENDENT											
EMAIL/PHONE*				1				1			
07 DEPENDENT											
EMAIL/PHONE*  08 DEPENDENT		<u> </u>		1 1				ı			
EMAIL/PHONE*											
	ERENT FROM CARMEMBER										
			C00	RDINATIO	ON OF	BEN	EFITS				
SECONDARY COVER	RAGE ID NUMBER		INSURA	NCE COMP	PANY				POLICY / GROUP#		
EMPLOYER/PLAN SPONSOR EFFECTIVE DATE											
SIGNATURES SIGNATURES											
MEMBER SIGNATURE CLIENT SIGNATURE											
		FOR INTER	NAL USE ONLY:	DATE EN	TERED		ENTER	ED BY:	LOGGED BY:		

## **Back of Enrollment Form**

			dent Address (1) s from cardmember)	
FIRST NAME	MI	LAST NAME	ID#	SSN
MAILING ADDRESS		CIT	Y STATE	ZIP CODE
PHONE NUMBER		CELL PHONE	EMAIL	
			dent Address (2) s from cardmember)	
FIRST NAME	MI	LAST NAME	ID#	SSN
MAILING ADDRESS		CIT	Y STATE	ZIP CODE
PHONE NUMBER		CELL PHONE	EMAIL	
			dent Address (3) from cardmember)	
FIRST NAME	MI	LAST NAME	ID#	SSN
MAILING ADDRESS		CIT	Y STATE	ZIP CODE
PHONE NUMBER		CELL PHONE	EMAIL	
			dent Address (4) from cardmember)	
FIRST NAME	MI	LAST NAME	ID#	SSN
MAILING ADDRESS		CIT	Y STATE	ZIP CODE
PHONE NUMBER		CELL PHONE	EMAIL	
		Dependent (if differs	dent Address (5) from cardmember)	
FIRST NAME	MI	LAST NAME	ID#	SSN
MAILING ADDRESS		CIT	Y STATE	ZIP CODE
PHONE NUMBER		CELL PHONE	EMAIL	