

# Eligibility Enrollment/Update

Circle One Plan

Check:  Indiana  Michigan  North Carolina  Ohio

**High(Enhanced)**

**Low(Core)**

Client Name:

Client#/Subclient#

**Subscriber Information (please complete for all enrollments/updates:)** Example:

Subscriber Name (Last)  (First)  (M.I.)  Sex  Male  Female

Subscriber Social Security Number -- Birth Date -- Status\*  Active  COBRA  Retiree  Surviving Coverage Effective Date --

Street Address   Check here if this is a new address Email

City  State  ZIP Code -

**Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information):**

Type of Update:  New Enrollment  Reinstatement  Change/Correction to Information  Termination of Benefits  Waive Benefits

Group Transfer From: Client/Subclient# - To: Client/Subclient# - Rate Code Change\* From:  To:  Effective Date of Change -- Change is for:  Subscriber  Dependent

**Enrollment/Corrections to Information (please fill in for spouse/dependents for first-time enrollment or corrections):**

SPOUSE Name (Last)  (First)  (M.I.)  Sex  Male  Female

Social Security Number -- Birth Date -- Status\*  Legal  Surviving

DEPENDENT #1 Name (Last)  (First)  (M.I.)  Sex  Male  Female

Social Security Number -- Birth Date -- Status\*  IRS Dep.  Surviving  Disabled  Sponsored

DEPENDENT #2 Name (Last)  (First)  (M.I.)  Sex  Male  Female

Social Security Number -- Birth Date -- Status\*  IRS Dep.  Surviving  Disabled  Sponsored

DEPENDENT #3 Name (Last)  (First)  (M.I.)  Sex  Male  Female

Social Security Number -- Birth Date -- Status\*  IRS Dep.  Surviving  Disabled  Sponsored

DEPENDENT #4 Name (Last)  (First)  (M.I.)  Sex  Male  Female

Social Security Number -- Birth Date -- Status\*  IRS Dep.  Surviving  Disabled  Sponsored

\*See reverse side for instructions and explanation of codes.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

1 Subscriber's Signature \_\_\_\_\_

Date