

Enrollment Form

TODAY'S DATE:

Prescription	chem racinator		C	LIENT IN	IFORM/	ATIO	N				
Elmwood Park Board of Education				1236							
CLIENT NAME (PLAN SPONSOR / EMPLOYER)				CLIENT # DMEMBER INFORMATION				GROUP #			
			CARDI	MEMBE	RINFO	KIVIA	IION				
FIRST NAME		MI LAST	NAME				ID#		SSI	NI#	
FIRST NAIVIE		IVII LAST	NAIVIE				ID#		551	IN#	
MAILING ADDRESS				CITY		STA	STATE ZIP CODI		IP CODE		
PHONE NUMBER		CE	LL PHONE	COVEDA	OF TVI	DE 1	EMA	IL			
PLEASE CHECK ON	= <u>;</u>			COVERA	IGE I II	יב ו			EFFECTIVE	DATE:	
	CARDMEMBER/SPO	DUSE CARE	MEMBER/CHI	ILD _	CARDM	1EMBI	ER/CHILDREN	☐ FAMIL			
				REASC	ON COD	E I					
A NEW ENROL	LMENT				J R	DS EN	NROLLMENT, A	PPLICATION N	NUMBER IF APPI	LICABLE:	
B REINSTATE MEMBER					K ISSUE CARD						
	DEPENDENT / SPOUS DENT / SPOUSE	E			L DO NOT ISSUE ID CARD M COBRA ENROLLMENT						
E TERMINATE	COVERAGE				N C	OBRA	TERMINATION				
F TERMINATE G NAME CHAN	DEPENDENT COVERA GE	GE		\dashv			NT STATUS UP LED DEPENDEN				
H ADDRESS CHANGE				Q O	VERA	GE DEPENDEN	T**	ROM CARDMEM	DED (INOLI	IDE ON BAOK)	
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CARDMEMBER											CODES
02 SPOUSE											
EMAIL/PHONE*											
03 DEPENDENT								I			
EMAIL/PHONE*											
04 DEPENDENT											
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07 DEPENDENT				- 				1			
EMAIL/PHONE*											
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08 DEPENDENT											
EMAIL/PHONE*											
*OPTIONAL, ONLY IF DIFFI	ERENT FROM CARMEMBER		COOP	DINATIO	N OF F	RENIE	FITS -				
			COOK	אווארווט	AT OF E	-LI 4E	.1110				
SECONDARY COVER	RAGE ID NUMBER		INSURAN	ICE COMP	ANY				POLICY / GF	ROUP#	
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EMPLOYER/PLAN SPONSOR				- 010114711750			EFFI	EFFECTIVE DATE			
				SIGNA	IURES						
MEMBER SIGNATUR	RF				CLIEN	IT SIG	NATURE				
WEINDER SIGNATUR	\ L	FOR INTERNAL US	F ONLY:		OLILIN	ii Jid	WATOIL				
		TOR INTERINAL US	L UNLI.	DATE EN	TERED:		FNTFF	ED BY:	LOGGE	D 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	