

Check:  Indiana  Michigan  North Carolina  Ohio

Client Name: \_\_\_\_\_

Client#/Subclient#  -

**Subscriber Information (please complete for all enrollments/updates:)** Example: **ABCDEF123456**

Subscriber Name (Last)  (First)  (M.I.)  Sex  Male  Female Status\*  Active  Retiree  COBRA  Surviving

Subscriber Social Security Number  Birth Date  Coverage Effective Date  Hire 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.  Disabled  Surviving  Sponsored

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

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

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

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

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

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

I authorize payroll deduction from my earning for any contribution I am required to make.

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