

**CLIENT INFORMATION**

Fort Lee Board of Education

3216

CLIENT NAME (PLAN SPONSOR / EMPLOYER)

CLIENT #

GROUP #

**CARDMEMBER INFORMATION**

FIRST NAME \_\_\_\_\_ M \_\_\_\_\_ LAST NAME \_\_\_\_\_ ID# \_\_\_\_\_ SSN# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**COVERAGE TYPE**

PLEASE CHECK ONE: SINGLE  CARDMEMBER/SPOUSE  CARDMEMBER/CHILD  CARDMEMBER/CHILDREN  FAMILY  EFFECTIVE DATE:

**REASON CODE**

A	NEW ENROLLMENT
B	REINSTATE MEMBER
C	REINSTATE DEPENDENT / SPOUSE
D	ADD DEPENDENT / SPOUSE
E	TERMINATE COVERAGE
F	TERMINATE DEPENDENT COVERAGE
G	NAME CHANGE
H	ADDRESS CHANGE
I	GROUP CHANGE:
	FROM <u>Old Plan</u> TO <u>3000 Educators Plan</u>

J	RDS ENROLLMENT, APPLICATION NUMBER IF APPLICABLE: _____
K	ISSUE CARD
L	DO NOT ISSUE ID CARD
M	COBRA ENROLLMENT
N	COBRA TERMINATION
O	STUDENT STATUS UPDATE
P	DISABLED DEPENDENT
Q	OVERAGE DEPENDENT**
R	DEPENDENT ADDRESS DIFFERS FROM CARDMEMBER (INCLUDE ON BACK)

**ELIGIBILITY**

	LAST NAME	FIRST NAME	MI	GENDER	BIRTHDATE	SSN	HICN	REASON CODES
CARDMEMBER								
02 SPOUSE								
EMAIL/PHONE*								
<input type="checkbox"/> 03 DEPENDENT								
EMAIL/PHONE*								
04 DEPENDENT								
EMAIL/PHONE*								
05 DEPENDENT								
EMAIL/PHONE*								
06 DEPENDENT								
EMAIL/PHONE*								
07 DEPENDENT								
EMAIL/PHONE*								
08 DEPENDENT								
EMAIL/PHONE*								

\*OPTIONAL, ONLY IF DIFFERENT FROM CARMEMBER

**COORDINATION OF BENEFITS**

SECONDARY COVERAGE ID NUMBER \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_ POLICY / GROUP# \_\_\_\_\_

EMPLOYER/PLAN SPONSOR \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

**SIGNATURES**

MEMBER SIGNATURE \_\_\_\_\_ CLIENT SIGNATURE \_\_\_\_\_

<b>FOR INTERNAL USE ONLY:</b>	DATE ENTERED: _____	ENTERED BY: _____	LOGGED BY: _____
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# Back of Enrollment Form

**Dependent Address (1)**  
**(if differs from cardmember)**

FIRST NAME M LAST NAME ID# SSN  
MAILING ADDRESS CITY STATE ZIP CODE  
PHONE NUMBER CELL PHONE EMAIL

**Dependent Address (2)**  
**(if differs from cardmember)**

FIRST NAME M LAST NAME ID# SSN  
MAILING ADDRESS CITY STATE ZIP CODE  
PHONE NUMBER CELL PHONE EMAIL

**Dependent Address (3)**  
**(if differs from cardmember)**

FIRST NAME M LAST NAME ID# SSN  
MAILING ADDRESS CITY STATE ZIP CODE  
PHONE NUMBER CELL PHONE EMAIL

**Dependent Address (4)**  
**(if differs from cardmember)**

FIRST NAME M LAST NAME ID# SSN  
MAILING ADDRESS CITY STATE ZIP CODE  
PHONE NUMBER CELL PHONE EMAIL

**Dependent Address (5)**  
**(if differs from cardmember)**

FIRST NAME M LAST NAME ID# SSN  
MAILING ADDRESS CITY STATE ZIP CODE  
PHONE NUMBER CELL PHONE EMAIL