

TODAY'S DATE: _____

CLIENT INFORMATION

Woodbridge Township School District

2222

1002

CLIENT NAME (PLAN SPONSOR / EMPLOYER)

CLIENT #

GROUP #

CARDMEMBER INFORMATION

FIRST NAME	MI	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 _____ TO _____

J	
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	REASON CODES
CARDMEMBER							
02 SPOUSE							
EMAIL/PHONE*							
03 DEPENDENT							
04 DEPENDENT							
05 DEPENDENT							
06 DEPENDENT							
07 DEPENDENT							
08 DEPENDENT							

*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
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FOR INTERNAL USE ONLY:

DATE ENTERED: _____ ENTERED BY: _____ LOGGED BY: _____

Back of Enrollment Form

Dependent Address (1)
(if differs from cardmember)

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

Dependent Address (2)
(if differs from cardmember)

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

Dependent Address (3)
(if differs from cardmember)

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

Dependent Address (4)
(if differs from cardmember)

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

Dependent Address (5)
(if differs from cardmember)

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