



# Enrollment Form

TODAY'S DATE:

## CLIENT INFORMATION

**LONG BRANCH BOARD OF EDUCATION**

**1232**

**1000**

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/WAIVER
F	TERMINATE DEPENDENT COVERAGE
G	NAME CHANGE
H	ADDRESS CHANGE
I	GROUP CHANGE: FROM _____ TO _____

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*								
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

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	