

ENROLLMENT FORM

For New Enrollment, please complete all sections of this form. If you are enrolling for employee-only coverage, you do not need to fill in the Dependent Information section. For Enrollment Changes, please complete the type of Activity and Only the applicable changes along with the employee name and ID number.

SECTION A: GENERAL INFORMATION

- | | |
|--|---|
| 1. TYPE OF PROGRAM
<input type="checkbox"/> FFS (Indemnity, Active, Passive, PPO - Please Specify)
<input type="checkbox"/> Concordia Choice
<input type="checkbox"/> Concordia Flex
<input type="checkbox"/> Concordia Preferred* (see reverse)
<input type="checkbox"/> Concordia Select
<input type="checkbox"/> Other
<input type="checkbox"/> DHMO (Please Specify)
<input type="checkbox"/> Concordia Plus** (see reverse)
<input type="checkbox"/> Third Column** (see reverse)
<input type="checkbox"/> Other | 2. TYPE OF ACTIVITY
<input type="checkbox"/> New Enrollment
<input type="checkbox"/> Change (Please Specify)
<input type="checkbox"/> Add Dependent
<input type="checkbox"/> Cancel All Coverage (Enrollee & All Dependents)
<input type="checkbox"/> Cancel Dependent(s) Only
<input type="checkbox"/> Change Address
<input type="checkbox"/> Change of Employee Status (Type Contract Change)
<input type="checkbox"/> Reinstate Coverage
<input type="checkbox"/> Change Name
<input type="checkbox"/> Change Provider
<input type="checkbox"/> Other |
|--|---|

3. GROUP INFORMATION

Group Name		
Group Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sub Group
Payroll Location	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Group Location
Effective Date	(Example: May 1, 2002 - 05012002) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION B: EMPLOYEE INFORMATION

1. Contract ID Number			2. Original Employment (Date Example: May 1, 2002 - 05012002)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. Employee Name (Last, First, Middle Initial)	4. Date of Birth	5. Sex	6. Provider Number		
7. Home Address	City	State	Zip Code		
8. Employee Status:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried (Union Represented) <input type="checkbox"/> Management <input type="checkbox"/> Salaried (Non-Union Represented) <input type="checkbox"/> Retired				

SECTION C: DEPENDENT INFORMATION

1. Contract ID Number	2. Type	3. Last Name	4. First Name	5. MI	6. Sex	7. Date of Birth	8. Provider Number
	Spouse						
	Dependent (A)						
	Dependent (B)						
	Dependent (C)						

REPRESENT THAT ALL INFORMATION SUPPLIED IN THIS APPLICATION IS TRUE AND CORRECT. ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL HERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

Employer Signature	Phone Number	Date
Employee Signature		