

TODAY'S DATE: \_\_\_\_\_

## CLIENT INFORMATION

Lumberton Township Board of Education

#3116 NJ Educator Health Plan 6000

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	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	