

CLIENT NAME		CLIENT ID NO.	GROUP NO.	TODAY'S DATE
CARDMEMBER ID NUMBER		PLEASE CHECK THE APPROPRIATE BOXES:		
EFFECTIVE DATE	CHECK ONE: <input type="checkbox"/> SINGLE <input type="checkbox"/> CDMBR & SPOUSE	<input type="checkbox"/> CDMBR & CHILD FAMILY <input type="checkbox"/> GROUP CHANGE FROM _____ to _____ <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> REINSTATE MEMBER <input type="checkbox"/> REINSTATE DEPENDENT <input type="checkbox"/> ADD DEPENDENT <input type="checkbox"/> TERMINATE MEMBER <input type="checkbox"/> TERMINATE SPOUSE <input type="checkbox"/> TERMINATE DEPENDENT <input type="checkbox"/> NAME CHANGE - FORMERLY	<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> ISSUE CARD <input type="checkbox"/> ISSUE DUPLICATE CARD <input type="checkbox"/> DO NOT ISSUE CARD <input type="checkbox"/> COBRA ENROLLMENT <input type="checkbox"/> STUDENT STATUS CHANGE <input type="checkbox"/> DISABLED DEPENDENT	
STREET ADDRESS				
CITY	STATE	ZIP		
	LAST NAME	FIRST NAME	SEX	BIRTH DATE (00/00/00)
01 CARDMEMBER				
02 SPOUSE				
03 DEPENDENT				
04 DEPENDENT				
05 DEPENDENT				
06 DEPENDENT				
07 DEPENDENT				

**COORDINATION OF BENEFITS INFORMATION:**

SPOUSE'S ID NUMBER		SPOUSE'S INSURANCE COMPANY		
SPOUSE'S EMPLOYER	SPOUSE'S POLICY OR GROUP NO.		SPOUSE'S COVERAGE EFFECTIVE DATE	
MEMBER SIGNATURE		CLIENT REP. SIGNATURE		