

EMPLOYEE ENROLLMENT FORM**CARRIER: Anthem BCBS of OH**

Enrollment Type

 New Hire Newly Eligible

Newly Eligible Date

 Open Enrollment Life Event

Event Name

Event Date

EMPLOYER INFORMATION

Company

Dreamstar 2.0

Group Number

D45454**EMPLOYEE INFORMATION**

First Name

Christopher

Last Name

Columbus

Middle Name

X

Suffix

Jr.

SSN

000-77-7777

DOB

08/01/1962

Gender

 M F

Tobacco User

 Y N

Marital Status

 Single Married

Address

1492 Pinta Lane

Address 2

Apt 404

City

Italiantown

State

NY

ZIP

12345

County

Albany County

Mailing Address 1

P.O. Box 5554

Mailing Address 2

City

Italiantown

State

NY

ZIP

12345-5554

Home Phone

(555) 666-7777

Work Phone

555-555-1212

Email

chris columbus@en.unused.com**EMPLOYMENT INFORMATION**

Date of Hire

04/01/2017

Hours Worked

Job Title

Captain

Class

Executives**ENROLLMENT INFORMATION**

Name

Christopher Columbus

Plan Name

Anthem Gold PPO

Coverage Level

Employee + Family

Effective Date

04/01/2017

End Date

DEPENDENT INFORMATION

SSN 999-55-1111	First Name Jane	Last Name Columbus	Middle Name M	Suffix	
Relationship Spouse	DOB 07/04/1985	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Tobacco User <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Disabled <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Disabled Start
Separate Address 1	Separate Address 2	City	State	ZIP	
Effective Date 04/01/2017	End Date				
SSN 777-55-1111	First Name Katie	Last Name Columbus	Middle Name J	Suffix	
Relationship Child	DOB 07/04/1996	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Tobacco User <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Disabled <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Disabled Start
Separate Address 1 888 College Place	Separate Address 2 Room 6144	City Collegetown	State NY	ZIP 45645	
Effective Date 04/01/2017	End Date				

PRIMARY CARE PHYSICIAN

First Name Christopher	Last Name Columbus	Relationship	PCP Type <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> OB-GYN	
PCP # 123456	PCP Name Doctor Doe	PCP City Anytown	PCP State NY	Current Patient <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
First Name Jane	Last Name Columbus	Relationship Spouse	PCP Type <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> OB-GYN	
PCP # 123456	PCP Name Doctor Doe	PCP City Anytown	PCP State New York	Current Patient <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
First Name Katie	Last Name Columbus	Relationship Child	PCP Type <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> OB-GYN	
PCP # 789123	PCP Name Doctor Smith	PCP City Othertown	PCP State New York	Current Patient <input checked="" type="checkbox"/> Y <input type="checkbox"/> N

COORDINATION OF BENEFITSDo you and/or any enrolled dependents currently have other health insurance coverage? Y N

First Name Christopher	Last Name Columbus	Relationship	Member ID U002456456	
Carrier Anthem BCBS	Policy Holder Name Jane Columbus	Policy Holder DOB 07/04/1988	Effective Date 01/01/2017	Termination Date 12/31/2017
First Name Jane	Last Name Columbus	Relationship Spouse	Member ID U002456456	
Carrier Anthem BCBS	Policy Holder Name Jane Columbus	Policy Holder DOB 07/04/1988	Effective Date 01/01/2017	Termination Date 12/31/2017
First Name Katie	Last Name Columbus	Relationship Child	Member ID U002456456	
Carrier Anthem BCBS	Policy Holder Name Jane Columbus	Policy Holder DOB 07/04/1988	Effective Date 01/01/2017	Termination Date 12/31/2017

SIGNATURE

Christopher Columbus

Signed Name

04/12/2017

Date Completed

Christopher Columbus

Printed Name