

System Generated PDF Employee Enrollment Forms – Included Fields

SECTION	FIELD	NOTES
CARRIER		
	Carrier Name	
ENROLLMENT TYPE		
	EVENT	
	New Hire	
	Newly Eligible	
	Newly Eligible Date	
	Open Enrollment	
	Life Event	
	Event Name	
	Event Date	
EMPLOYER INFORMATION		
	Company	
	Group Number	Populated from Policy # field on Plan setup
EMPLOYEE INFORMATION		
	First Name	
	Last Name	
	Middle Name	
	Suffix	
	SSN	
	DOB	
	Gender	M/F
	Tobacco User	Y/N
	Marital Status	Single/Married
	Address 1	Populated from Employee Home Address
	Address 2	
	City	
	State	
	ZIP	
	County	
	Mailing Address 1	Populated from Employee Mailing Address
	Mailing Address 2	
	City	
	State	
	ZIP	
	Home Phone	
	Work Phone	
	Email	Primary Email

SECTION	FIELD	NOTES
EMPLOYMENT INFORMATION		
	Date of Hire	
	Hours Worked	
	Job Title	
	Class	
ENROLLMENT INFORMATION		
	Name	Employee Name
	Plan Name	Populated from Carrier Plan Name field on Plan setup if completed, otherwise pulls from Plan Name
	Coverage Level	
	Effective Date	
	End Date	
DEPENDENT INFORMATION		
	SSN	
	First Name	
	Last Name	
	Middle Name	
	Suffix	
	Relationship	
	DOB	
	Gender	M/F
	Tobacco User	Y/N
	Disabled	Y/N
	Disabled Start	
	Separate Address 1	Populated only if dependent address is set to Separate Address and does not use Employee Home Address
	Separate Address 2	
	City	
	State	
	Zip	
	Effective Date	Refers to dependent enrollment
	End Date	Refers to dependent enrollment
PRIMARY CARE PHYSICIAN		
	First Name	
	Last Name	
	Relationship	Populated for dependents only
	PCP Type	Medical/Dental/OB-GYN
	PCP #	
	PCP Name	
	PCP City	
	PCP State	
	Current Patient	Y/N

SECTION	FIELD	NOTES
COORDINATION OF BENEFITS		
	Do you and/or any enrolled dependents currently have other health insurance coverage?	Y/N
	First Name	
	Last Name	
	Relationship	Populated for dependents only
	Member ID	
	Carrier	
	Policy Holder Name	
	Policy Holder DOB	
	Effective Date	
	Termination Date	
CARRIER FORM		
	Knockout Questions	Pulled from Carrier Forms including Questions and Disclosures configured at the Vendor Level ONLY
	Underwriting Questions	
	Disclosures	
ELECTRONIC SIGNATURE		
	Signed Name	Will display [User Name] <i>on behalf of</i> [Employee Name] if enrollment was completed by HR, Agency, or GA user
	Date completed	
	Printed Name	