



ENROLLMENT APPLICATION/ CHANGE FORM

17 Columbia Circle • Albany, NY 12203-5190 • (518) 862-3700

Table with 2 columns: EXPLANATION and EMPLOYER USE. Includes checkboxes for New Enrollment, Name Change, Termination, etc.

SUBSCRIBER section containing fields for 1. First Name, 2. Street Address, 3. City, 4. Your Social Security #, 5. Marital Status, 6. Telephone, 7. Employer Name, 8. Chamber/Association, 9. Type of coverage you are applying for.

10. MEMBER INFORMATION table with columns for Add/Delete, Name, Date of Birth, Relationship, Social Security Number, Medicare A & B*, Primary Care Physician, PCP Number, Location Number, and if current patient.

11. DEPENDENT section containing fields for Do your dependents reside in your home?, Full-time college students age 19 and over, School Name and Address, and Expected Date of Graduation.

12. OTHER INSURANCE section containing fields for Other Coverage, Policyholder name, Social Security Number, Insurance Carrier, Address, Covered Individuals, Plan Type, Coverage Type, and Employer Name.

13. SIGNATURES section containing fields for Applicant's Signature, Date, Adult Dependent Signature, and Date.