## www.harvardpilgrim.org PO BOX 9185 . QUINCY, MA 02269 The Harvard Pilgrim HWO 1-888-333-HPHC (OPTIONAL) CODES LANGUAGE TELEPHONE (HOME) ADDRESS FIRST EMPLOYEE NAME T APT. NO. STUDENT(S) NAME FIRST MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY THE PLAN. BENEFITS UNDER THE PLAN. WILL BE EXPLANED IN A SEPARATE DOCUMENT, FOR AN EXPLANATION OF HOW HARVARD PILGRIM MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION, PLEASE READ YOUR NOTICE OF FRINACY PRACTICES PROVIDED TO YOU BY HARVARD PILGRIM IN YOUR ENROLLED TO. MAINE MEMBERS: PLEASE NOTE THAT THE SUBROCATION PROVISOR A PPILGREE TO MANDEMEMBERS, DUTLINED IN A SEPARATE DOCUMENT, PERMITS SUBROCATION PAYMENTS ON A JUST AND EQUITABLE BASIS, NEW MAINESHIRE, MEMBERS: PLEASE NOTE THAN AN ENROLLED PARTICIPANT SHALL BE GILLOWED A GRACE PERMOD OF TEN (10) DAYS FOR MAXING ANY PAYMENT DUE UNDER CONTRACT (IN.H. RSA 420-8:2(17)(7)). LINDERSTAND THAT A COPY OF THIS FORM WILL BE GIVEN TO ME, OR MY AUTHORIZED REPRESENTATIVE, UPON REQUEST. DEPENDENT DEPENDENT DEPENDENT DEPENDENT SPOUSE EMPLOYEE 'IF YOU HAVE LISTED A FULL-TIME STUDENT(S) AGE 13 AND OVER, BUT UNDER THE MAXIMUM STUDENT AGE, PLEASE SUPPLY THE FOLLOWING DIFORMATION; TO BE COMPLETED BY MPHC ONLY. š LAST (IF NOT SAME AS EMPLOYEE) AWHATA VANGUAGE POXYOUS PEAK MOSTE AS CA American Sign Language Cantonoso C EMPLOYES SIGNATURE THIS INFORMATION MAY BE USED TO VERIFY ELIGIBILITY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR MIDDLE STATE NAME OF SCHOOL(S) GROUP / COMPANY NAME TELEPHONE (WORK) Wellesley College LANGUAGE CODE 걸 REASON FOR SUBMISSION (PLEASE CHECK ALL THAT APPLY) CENROLLMENT COBRA CHANGE CHANG □ P/T TO F/T DATE\_\_ the employee and the employer must sign and date this form for enrollment š DATE OF BIRTH 1 ⋨ COUNTY PO BOX STATE Z ₹ Z Z ≤ ≾ ŝ 77 71 'n Tì П ħ MH SEA PARTE 2 E-MAIL ADDRESS: YOUR E-MAIL ADDRESS WILL BE STORED IN A PROTECTED DATABASE AND WILL REMAIN CONFIDENTIAL IF YOU WOULD LIKE TO RECEIVE A MENU OF ELECTRONIC WAYS TO INTERACT WITH US, LIST YOUR E-MAIL ADDRESS HERE. HAVE YOU EVER BEEN A MEMBER OF HPHC, HPHC OF NE, OR HPHC INSURANCE COMPANY? 💛 YES 副二 SOCIAL SECURITY NUMBER 至 DATE OF HIRE ı PLEASE USETHE CODES LISTED BELOW TO COMPLETE DEPENDENT RELATION BLOCK 02 SPOUSE 03 CHILD UNDER 19 03 CHILD TAX DEPENDENT 19-25 (MA CNLY) 03 CHILD 19-25 TAX DEP/2 YR EXTN (MA CNLY) 04 STEPICHILD UNDER 19 05" FULL-TIME STUDENT 19 AND OVER 06 HANDICAPPED (VERIFICATION REQUIRED) 07" EX-SPOUSE TYPE OF COVERAGE INDIVIDUAL 2-PERSON (ONLY WHERE OFFERED) FAMILY 0THER IT IS VERY INPORTANT THAT EACH MEMBER SELECT A PRIMARY CARE PHYSICIAN. AS A PLAN MEMBER YOU MUST CHOOSE A PRIMARY CARE HYBUGOM (PCP), IF YOU DO NOT HAVE A PCP, NON-EXERGENCY AND MOST SPECIALTY CARE MAY NOT BE COVERED. MN Mandarin LOSS OF INSURANCE DATE (ATTACH DOCUMENTS NEWBORN DATE\_ NAME/ADDRESS CHANGE MARRIAGE DATE GROUP #/DIVISION MATIONAWILLEHINGSWORKSTOWARDISESTAMISETINGSYOURALEEDSSESSAMSKEEN VIOLENCE SPOON Spoon 0,6,0,0 EMPLOYER SIGNATURE SELECT A PRIMARY CARE PHYSICIAN AND TOWN FOR EACH MEMBER *₩* 0 ١ ☐ TERMINATION ☐ LEFT EMPLOYMENT ☐ WOLLINITARY CANCELLATION ☐ MOVED FROM SERVICE AREA 0 0 0 (OPTIONAL) \_ < ≺ ~ < DATE EFFECTIVE DATE z z z z O No O LONGER ELIGIBLE PCP\*