PO BOX 9185 . QUINCY, MA 02269 www.harvardpilgrim.org The Harvard Pilgrim PPO 1-388-000-TTTO GNOAL BNOHRNTE. FIRST BIMPLOYEE NAME これとのこのの同 SE 5 Z ACOUNTS OPTIONAL TN4CN4CHA てで BENCHARE DEPENDENT DEPENDENT DEPENDENT SPOUSE MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY THE PLAN, BENEFITS UNDER THE PLAN WILL BE EXPLANATION A SEPARATE DOCUMENT, FOR AN EXPLANATION OF HOW HARVARD PILGRIM MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION, FILENCE READ YOUR NOTICE OF PRINACY PRACTICES PROVIDED TO YOU BY HARVARD PILGRIM IN YOUR ENROLLINENT KIT.

MAINT REMBERS, PLEASE NOTE THAT THE SUBROCATION PROTECTED AFPLICABLE TO MAINE MEMBERS, OUTLINED IN A SEPARATE DOCUMENT, PERMITS SUBROCATION PAYMENTS ON A JUST AND EQUITABLE DASIS,

NEW HAMPSHIRE MEMBERS, PLEASE NOTE THAN AL REMOLES AFPLICABLE EALLOWED A GRACE PERIOD OF TEN (10) DAYS FOR MAKING ANY PAYMENT OUR UNDER CONTRACT (IN, RSA 430-8:0(N)/b).

LINDERSTAND THAT A COPY OF THIS FORM WILL BE GIVEN TO ME, OR MY AUTHORIZED REPRESENTATIVE, UPON REQUEST. PETIONAL APPLICATIONS STATEMENT CONTINUES CONTINUES THE MAXIMUM STUDENT AGE. 19 AND OVER, BUT UNDER THE MAXIMUM STUDENT AGE. PLEASE SUPPLY THE FOLLOWING INFORMATION: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS. TO BE COMPLETED BY HPHC ONLY. Š LAST JE NOT SAME AS EMPLOYED MANY SHARING TO STATE WHEN SO SO SWEEN TO WELL TO WAS THE WAS STREET EUPLOYEE SIGNATURE THIS INFORMATION MAY BE USED TO VERIFY ELIGIBILITY HIDDLE STATE NAME OF SCHOOL(S) anoas Wellesley College TELEPHONE WORK CV Verdean 덛 REASON FOR SUBMISSION (PLEASE CHECK ALL THAT APPLY) THE EMPLOYEE AND THE EMPLOYER MUST SIGN AND DATE THIS FORM FOR ENROLLMENT PTTOFT DATE LOSS OF INSUPANIOR DATE ATTACH DOCUMENTS: ANNUAL OPEN ENROLLMENT ENROLLMENT m 2 F 15 COUNTY i i STATE PO BOX MATE CODE ASTE 00884 ĭ YOUR E-MAIL ADDRESS WILL BE STORED IN A PROTECTED DATABASE AND WILL REMAIN CONFIDENTIAL. E-MAIL ADDRESS: 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 HPHO, HPHO OF NE, OR HPHO INSURANCE COMPANY? (1) YES 32,25 , ADD DEPENDENT LISTED BELOW CHANGE COVERAGE TYPE TERMINATE DEPENDENT LISTED BELOW CHANGE 至 PATE OF HISE ត់ ATMES [] TYPE OF COVERAGE (2) SPOUSE 03 OHILD UNDER 13 03 CHILL-TIME STUDENT 19 AND OVER 06 HANDICAPPED MERIDICATION REQUIRED) 07 EX-SPOUSE 04 OHILD UNDER 13 05 CHILD WAS ONLY) PLEASE USE THE CODES LISTED BELOW TO COMPLETE DEPENDENT RELATION BLOCK DATE OF BIRTH ER'S NAME. THIS INFORMATION WILL HELP US WORK TOWARD BEST MEETING YOUR NEEDS. ို့ဝ 2-PERSON (ONLY WHERE OFFERED Mandars OIEE 쏬 NAME ADDRESS OF ANGE MARRIAGE DATE LOSS OF INSURANCE DATE NEWBORN DATE 0 6 EMPLOYER SIGNATURE ī. S <u>.</u> 5 S £., SÜX n n 11 'n न (E) ထ đ١ Spanish SDE OF 20 0 1 Victorian MOVED FROM SERVICE AREA VOLUMENT CANCELLATION CERT EMPLOYMENT TERMINATION 0 OTHER 0 Ö (OPTIONAL) SOCIAL SECURITY NUMBER 0 DATE EFFECTIVE DATE 11 8 TO LONGER ELIGIBLE DECEASED DATE Specify