New Jersey Large Employer – Member Enrollment/Change Request Form
Oxford Health Insurance, Inc. (OHI) or Oxford Health Plans (NJ), Inc. (OHP)

UnitedHealthcare Oxford

Group Information – To be completed by Employer:		
Group Name: UTC Credit Global	Group Number: 9668519	Plan CSP/Plan ID:

Oxford Health Insurance, Inc. or Oxford Health Plans (NJ), Inc.
Mailing Address: P.O. Box 29142, Hot Springs, AR 71903 1-800-444-6222

A. Type of Activity – To be completed by Employer. *Refer to instructions on page 4 before completing this form. Print clearly.*

	Activity – Check all that apply	Effective Date/ Date of Event	Date of Hire/Reason for Change
1. ADD	☑ Enrollment of a new Subscriber	6 / 1 / 2024	Date of Hire: 3 / 05 / 2024
	☑ Add Spouse	/ /	
	☐ Add Civil Union Partner	/ /	
	☐ Add Domestic Partner	/ /	
	☑ Add Dependent Child	/ /	
	☐ Add Over-Age Child as a Dependent Under 31 *(and complete section A 4)*	/ /	
2. REMOVE	☐ Employee Withdrawal/Termination	/ /	
	☐ Remove Spouse	/ /	
	☐ Remove Civil Union Partner	/ /	
	☐ Remove Domestic Partner N/A	/ /	
	☐ Remove Dependent Child	/ /	
	☐ Remove Over-Age Child as a Dependent Under 31	/ /	
3. OTHER CHANGE	☐ Name Change	/ /	
	☐ Change Plan N/A	/ /	
	☐ Other	/ /	
	☐ Add/Change Office ID Numbers: Primary/OB/Gyn	/ /	

4. COVERAGE CONTINUATION

☐ For Employee	☐ For Spouse/Civil Union Partner*/Domestic Partner	☐ For Dependent or Over-age Child
☐ Total Disability*	Length of Continuation (in months):	☐ COBRA/NJSGC
☐ COBRA/NJSGC	☐ 18 ☐ 36	Length of Continuation (in months):
Length of Continuation (in months):	Date of Loss of Coverage: / /	☐ 18 ☐ 36
☐ 18 ☐ 29	Qualifying Event:	Loss of Coverage: / /
Date of Loss of Coverage: / /	Date of Qualifying Event: / /	Qualifying Event #:
Qualifying Event #:	*Civil union partners are eligible to make an election pursuant to NJSGC, if applicable*	Date: / /
Date of Qualifying Event: / /		☐ Dependent Under 31
Attach proof of disability.		Qualifying Event #:

***Qualifying event #s: see list in Instructions*

B. Employee Information – To be completed by the Employee

Name (Last, First, MI): Egyson Rochelle D SSN: 219194183 Birthdate (mm/dd/yyyy): 07/29/1968 ☐ Male ☒ Female

HOME

Street/Apt: 14562 Montfort Drive
Street/Apt:
City: Arie State: OH Zip Code: 186655
Preferred Phone: ☐Home ☑Cell ☐Work 902 663-5118 Alternate Phone: ☒Home ■Cell ☐Work 239-765-7896
Email: rochelle68@gmail.com

WORK

Employer Name: ~~Egys~~ UTC CREDIT GLOBAL Employment Date: 03 / 05 / 24
Address:
City: W-B Scranton State: PA Zip Code:
Phone: (765)513-9902 Email: Hours worked per week: 45+