\	Dependent information	William Control
	Enter information for each covered dependent, including spouse.	оботнымно-менення на на нада вычина на старова на нада до на нада на
	1 Dependent last name First name MI	Gender
		O Female O Male
	Social Security Number Date of birth (MM/DD/YYYY) Relationship	
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	Dependent status (if applicable): O Full-time student O Disabled If disabled, indicate reason:	***************************************
	Not applicable for HumanaAccess HMO	6
	Primary care physician name Primary care physician ID # HMO/POS only	Current patient?  • Yes • No
	OB/GYN Primary care physician name (if applicable) Primary care physician ID #	Current patient?
	HMO/POS only	O Yes O No
	2 Dependent last name First name MI	Gender
		O Female O Male
	Social Security Number Date of birth (MM/DD/YYYY) Relationship	
	Spouse O Child O Other	
	Dependent status (if applicable): O Full-time student O Disabled If disabled, indicate reason:	· · · · ·
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	Primary care physician name Primary care physician ID #	Current patient?  • Yes • No
	the state of the s	
	OB/GYN Primary care physician name (if applicable)  Primary care physician ID #  HMO/POS only	Current patient?  • Yes • No
	3 Dependent last name First name MI	Gender
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	Social Security Number Date of birth (MM/DD/YYYY) Relationship	
	O Spouse O Child O Other:	; :
	Dependent status (if applicable): O Full-time student O Disabled If disabled, indicate reason:	**************************************
	Not applicable for HumanaAccess HMO	
	Primary care physician name Primary care physician ID#	Current patient?
	HMO/POS only	O Yes O No
	OB/GYN Primary care physician name (if applicable)  Primary care physician ID #	Current patient?
	HMO/POS only	O Yes O No
	4 Dependent last name First name MI	Gender
		O Female O Male
	Social Security Number Date of birth (MM/DD/YYYY) Relationship	
	Spouse O Child O Other:	
Dependent status (if applicable): O Full-time student O Disabled If disabled, indicate reason:		
	Not applicable for HumanaAccess HMO Primary care physician name Primary care physician ID #	Current
	Primary care physician name Primary care physician ID # HMO/POS only	Current patient?  • Yes • No
	OB/GYN Primary care physician name (if applicable)  Primary care physician ID #  HMO/POS only	Current patient?  O Yes O No
		~ 103 W 110

IL-72001 10/2015