Renaissance℠

Eligibility Enrollment/Update

Social Security Number _____

Group Name _____ Group/Subgroup# _____

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information)

Type of Update: New Enrollment ☐ Reinstatement ☐ Change/Correction to Information ☐ Termination of Benefits ☐

Group Transfer From: Group/Subgroup#	Group Transfer To: Group/Subgroup#	Rate Code Change From:	Rate Code Change To:	Effective Date of Change	Change is for:
					Subscriber ☐ Dependent ☐

Subscriber Information (*please complete for all enrollments/updates*)

First Name _____ MI ____ Last Name _____

Street Address _____ Check if New Address ☐

City _____ State _____ ZIP Code _____ e-mail address _____

Status: Active ☐ COBRA ☐ Retiree ☐ Surviving ☐ Job Title _____

Birth Date _____ (MM/DD/YYYY) Date of Hire _____ (MM/DD/YYYY) Coverage Effective Date _____ (MM/DD/YYYY)

Enrollment/Corrections to Information (*please fill in for spouse/dependents for first-time enrollment or corrections*)

SPOUSE
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: Legal ☐ Surviving ☐

DEPENDENT #1
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #2
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #3
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #4
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

Employee Name _____ Employee ID _____

I request coverage under my employer's group insurance plan and authorize my employer to make deductions from my earnings of the required contributions, if any, toward the cost of the coverage.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim of an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature _____ Date _____