Enrollment Form

TODAY'S DATE:

BeneCard PBF
Prescription Benefit Facilitator

CLIENT INFORMATION

Clayton Board of Education	2134	5000 (NJEHP)
CLIENT NAME (PLAN SPONSOR / EMPLOYER)	CLIENT #	GROUP #

CARDMEMBER INFORMATION

FIRST NAME	MI	LAST NAME	ID #	SSN#

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

COVERAGE TYPE

PLEASE CHECK ONE: ==Non-tenured employees must select Single coverage.==   EFFECTIVE DATE:

☐ SINGLE   ☐ CARDMEMBER/SPOUSE   ☐ CARDMEMBER/CHILD   ☐ CARDMEMBER/CHILDREN   ☐ FAMILY

REASON CODE

A	NEW ENROLLMENT	J	RDS ENROLLMENT, APPLICATION NUMBER IF APPLICABLE: _____
B	REINSTATE MEMBER	K	ISSUE CARD
C	REINSTATE DEPENDENT / SPOUSE	L	DO NOT ISSUE ID CARD
D	ADD DEPENDENT / SPOUSE	M	COBRA ENROLLMENT
E	TERMINATE COVERAGE	N	COBRA TERMINATION
F	TERMINATE DEPENDENT COVERAGE	O	STUDENT STATUS UPDATE
G	NAME CHANGE	P	DISABLED DEPENDENT
H	ADDRESS CHANGE	Q	OVERAGE DEPENDENT**
I	GROUP CHANGE:	R	DEPENDENT ADDRESS DIFFERS FROM CARDMEMBER (INCLUDE ON BACK)
	FROM_____ TO _____		

ELIGIBILITY

	LAST NAME	FIRST NAME	MI	GENDER	BIRTHDATE	SSN	HICN	REASON CODES
CARDMEMBER								A
02 SPOUSE								
EMAIL/PHONE*								
03 DEPENDENT								
EMAIL/PHONE*								
04 DEPENDENT								
EMAIL/PHONE*								
05 DEPENDENT								
EMAIL/PHONE*								
06 DEPENDENT								
EMAIL/PHONE*								
07 DEPENDENT								
EMAIL/PHONE*								
08 DEPENDENT								
EMAIL/PHONE*								

*OPTIONAL, ONLY IF DIFFERENT FROM CARMEMBER

COORDINATION OF BENEFITS

SECONDARY COVERAGE ID NUMBER	INSURANCE COMPANY	POLICY / GROUP#

EMPLOYER/PLAN SPONSOR	EFFECTIVE DATE

SIGNATURES

MEMBER SIGNATURE	CLIENT SIGNATURE

FOR INTERNAL USE ONLY:

DATE ENTERED:_____   ENTERED BY:_____   LOGGED BY:_____

Dependent Address (1)
(if differs from cardmember)

FIRST NAME	MI	LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

Dependent Address (2)
(if differs from cardmember)

FIRST NAME	MI	LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

Dependent Address (3)
(if differs from cardmember)

FIRST NAME	MI	LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

Dependent Address (4)
(if differs from cardmember)

FIRST NAME	MI	LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

Dependent Address (5)
(if differs from cardmember)

FIRST NAME	MI	LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL