

CHP USE ONLY:	
Contract Number:	1
Group ID:	
Member ID:	ţ

Initial Enro						PLICA							
	•		Open Enrol	lment: 🗆	OR supp	Special I porting d	Enrollme ocument	nt: 🗆 * ation: _	Please	list the C	Qualifying Eve	ent and	provide
1. Type of C	Coverage A	pplying For: 🛮 🗎 S	Single	☐ Employ	yee &	Spouse	o E	mploye	e & Chi	ldren	☐ Family		
2. SSN:		3. Last Name:		1	4. Fir	st Name	):				5.	M.I.:	
6. Physica	al Address												
Street				City			Ct-t-		71110	4.			
	Address:	(If different from above)		Gity			State		Zip Co	ae	County		
Street				City			State		Zip Co	do.	C=-0400		
8. Date of			al Status:	Ony				Iome P			Ork PH #:	13. C	ther Ph#
		Female			gally parate	ed							
14. Name o	of Employ	er:	15. Part	-Time Hire Da	te:	16. Full	Time Hire	Date:			Full-Time Part-Time:	Ho	ırs per wee
18. LIST ELIG	BLE FAMIL	Y MEMBERS TO BE CO	/ERED (PLEAS	E PRINT)				I	Appli	cant's Pr	imary Care	110	Current
the certificate h	nolder. If mor	order must be attached for e space is required, attac	a separate pag	e with addition	ral info	metion PI	0280		Ph	ysician S	election:		Patient?
provide (on th	e reverse sid	le of this form) an altern	ate address for	any depende	ent not	living wit	h you.						() No
19. Relationship	20. Sex	21. First Name, Mi		22.		23.	24.	25. P	rimary C	are	26.		
To You	20.00%	& Last Name (if no	t the same)	SSN	1	Date of Birth	Disabled		hysiciar		Current Patient?		
Spouse	13 Male						□ Yes				D V		
Spouse	@ Female						∏ No				□ Yes		
Dependent 1	□ Male			1	$\top$						+		
© Stepchild □ Other #	□ Male □ Female						⊡ Yes □ No				☐ Yes ☐ No		
Dependent 2	D Male						() Yes				□ Yes		
<ul><li>Ú Stepchild</li><li>Ú Other </li></ul>	() Female						□ No				□ No		
Dependent 3 D Child	⊔ Male				$\top$		m 14.				☐ Yes		
Stepchild Other	∩ Female						□ Yes				□ No		
	documentatio	n required.											
27. Race/Et	hnicity – (	Optional (This informat	on is designed f	or the purpose	of data	a collection	and will no	ot be used	d for deter	mining eligi	ibility, rating or cla	aim payr	nent.)
Employee: Spouse:	□ African /	American 🖯 American	Indian/Native .	American [	] Asiai	n 🗀 Cau	ıcasian	Hispa	inic 🗆 C	Other	<i>y</i> . •		•
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