



Eligibility Enrollment/Update

Check: ☒ Michigan ☐ Indiana ☐ Ohio

Client Name: LLPS, Inc.

Client#/Subclient# 5 1 7 5 1 1 4 2

Subscriber Information (please complete for all enrollments/updates:) Example: ABCDEF123456

Subscriber Name (Last) (First) (M.I.) Sex
F a t a T h o m a s A ☒ Male ☐ Female

Subscriber Social Security Number Birth Date Status* Coverage Effective Date
3 7 9 7 2 9 3 7 0 0 5 2 8 1 9 5 8 ☐ Active ☐ COBRA ☐ Retiree ☐ Surviving 0 1 0 1 2 0 1 9

Street Address Email
3 6 2 1 B a y C r e e k D r ☐ Check here if this is a new address afoxtom@yahoo.com

City State ZIP Code
B o n i t a S p r i n g s F L 3 4 1 3 4 1 9 1 0

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: Client/Subclient# To: Client/Subclient# Rate Code Change* From: To: Effective Date of Change Change is for: ☐ Subscriber ☐ Dependent

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

SPOUSE/DOMESTIC PARTNER Name (Last) (First) (M.I.) Sex
 ☐ Male ☐ Female

Social Security Number Birth Date Status*
 ☐ Legal ☐ Surviving

DEPENDENT #1 Name (Last) (First) (M.I.) Sex
 ☐ Male ☐ Female

Social Security Number Birth Date Status*
 ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #2 Name (Last) (First) (M.I.) Sex
 ☐ Male ☐ Female

Social Security Number Birth Date Status*
 ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #3 Name (Last) (First) (M.I.) Sex
 ☐ Male ☐ Female

Social Security Number Birth Date Status*
 ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #4 Name (Last) (First) (M.I.) Sex
 ☐ Male ☐ Female

Social Security Number Birth Date Status*
 ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

*See reverse side for instructions and explanation of codes.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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Subscriber's Signature

Z. Fox

Date

1/1/19