

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	Thomas	A	<input checked="" type="checkbox"/> Male <input type="checkbox"/> 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	<input type="checkbox"/> Active <input type="checkbox"/> Retiree	COBRA Surviving	0 1 0 1 2 0 1 9
Street Address	Check here if this is a new address			Email
3 6 2 1 Bay Creek Dr				afoxtom@yahoo.com
City	State			ZIP Code
Bonita Springs	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 BenefitsGroup 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
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Birth Date	Status*	
		<input type="checkbox"/> Legal <input type="checkbox"/> Surviving	
DEPENDENT #1 Name (Last)	(First)	(M.I.)	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Birth Date	Status*	
		<input type="checkbox"/> IRS Dep. <input type="checkbox"/> Disabled <input type="checkbox"/> Sponsored	
DEPENDENT #2 Name (Last)	(First)	(M.I.)	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Birth Date	Status*	
		<input type="checkbox"/> IRS Dep. <input type="checkbox"/> Disabled <input type="checkbox"/> Sponsored	
DEPENDENT #3 Name (Last)	(First)	(M.I.)	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Birth Date	Status*	
		<input type="checkbox"/> IRS Dep. <input type="checkbox"/> Disabled <input type="checkbox"/> Sponsored	
DEPENDENT #4 Name (Last)	(First)	(M.I.)	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Birth Date	Status*	
		<input type="checkbox"/> IRS Dep. <input type="checkbox"/> Disabled <input type="checkbox"/> 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.