

Eligibility Enrollment/Update

Check: Michigan Indiana Ohio

Client Name: The Mandatory Poster Agency, 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
Fata	Anthony		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Subscriber Social Security Number	Birth Date	Status*	Coverage Effective Date
371 78 4690	04 02 1960	<input type="checkbox"/> Active <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA <input type="checkbox"/> Surviving	
Street Address	<input type="checkbox"/> Check here if this is a new address		
4232 WEST Willow			
City	State	Email	
Lansing	MI	48817	
ZIP Code			

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
Fata	Liана		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Birth Date	Status*	
377 76 2922	04 21 1961	<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*	
371 78 4690		<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.

1 Subscriber's Signature John G. GaoDate 5/8/18

314-55_DP (10-10)