



# 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 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
<u>F a t a</u>	<u>A n t h o n y</u>		
Subscriber Social Security Number	Birth Date	Status*	Coverage Effective Date
<u>3 7 1 7 8 4 6 9 0</u>	<u>0 4 0 2 1 9 6 0</u>	<input type="checkbox"/> Active <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving	
Street Address	Check here if this is a new address <input type="checkbox"/>		Email
<u>4 2 3 2 W E S T W I L L O W</u>			
City	State	ZIP Code	
<u>L a n s i n g</u>	<u>M I</u>	<u>4 8 9 1 7</u>	

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information):

Type of Update:	<input checked="" type="checkbox"/> New Enrollment	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Change/Correction to Information	<input type="checkbox"/> Termination of Benefits
Group Transfer	Rate Code Change*			Change is for:
From: Client/Subclient#	To: Client/Subclient#	From:	To:	Effective Date of Change

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 checked="" type="checkbox"/> Female
<u>F a t a</u>	<u>L i a n a</u>		
Social Security Number	Birth Date	Status*	
<u>3 7 7 7 6 2 9 2 2</u>	<u>0 4 2 1 1 9 6 1</u>	<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*	
<u><del>3 7 7 7 6 2</del></u>		<input type="checkbox"/> IRS Dep. <input type="checkbox"/> Surviving <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"/> Surviving <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"/> Surviving <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"/> Surviving <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.

Subscriber's Signature [Signature]

Date 5/8/18