

Enrollment Sheet

Enrollee Name: _____ Phone: _____ Email: _____

DOB: _____ Zip Code: _____ Do you use Tobacco? Y / N

Dependents:

DOB: _____ Relationship: Spouse / Child Gender: M / F

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Current coverage information:

Carrier: _____ Deductible: _____ OOPM: _____

Network: _____ Embedded Deductible: HSA: Premium: _____

Step 1: Decide if you want to save money by choosing a plan with a smaller network of doctors and hospitals, or have open access to 99% of providers and pay a higher monthly payment.

Smaller Network Open Access

Step 2: Check to be sure your current doctor and hospital are covered, and your prescription medications are on their list. You can use our "Insurance Carrier Details" page for verifying this information.

Dr: _____ Hospital: _____ Rx: _____

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Step 3: Decide if you would like a Health Savings Account (HSA) compatible policy or a Copay policy.

HSA Copay

Step 4: Run Quotes, filter by appropriate network and whether or not you would like an HSA compatible plan. Decide on the deductible and maximum out of pocket level that you are most comfortable with. Review plans narrow down to 2-3 options.

New coverage information:

Carrier: _____ Deductible: _____ OOPM: _____

Network: _____ Embedded Deductible: HSA: Premium: _____

★If enrolled with BCBS or MEDICA with Children 18 and under, Pediatric Dental is not automatically included.