



Harvard Pilgrim Individual

harvardpilgrim.org

a Point32Health company

Reason for Submission: **Open Enrollment** **Special Enrollment Period (SEP) Event – Date** _____
 (Check all that apply) New Loss of prior insurance coverage Marriage Other
 Change Change of permanent residence Birth/Adoption

To be completed by HPHC if new		Plan Selected		Check applicable option:		Broker NPN	
H P				<input type="checkbox"/> ICHRA <input type="checkbox"/> QSEHRA (choose from the following):		Broker Name	
Applicant Name				Eligible employee: <input type="checkbox"/> Subscriber only <input type="checkbox"/> Spouse only <input type="checkbox"/> Subscriber and Spouse		HPHC Vendor ID	
First Middle Last				Type of Reimbursement: <input type="checkbox"/> Plan premiums only <input type="checkbox"/> Plans Premiums and Medical/Pharmacy claim reimbursement		Requested Effective Date	
Address				<input type="checkbox"/> Not Applicable			
Apt. No. Street		PO Box					
City State Zip		County					
Telephone (Home) () ()		Telephone (Mobile/Cell) () ()		It is very important that each member select a primary care physician. As a plan member you must choose a primary care physician (PCP). If you do not have a PCP, non-emergency and most specialty care may not be covered.		Monthly Amount Due \$	

First	MI	Last (if not the same as applicant)	Tobacco Use	Date of Birth			Sex	Social Security Number	Select a primary care physician and town for each member (not applicable for PPO)	Are you a regular patient of this doctor?		PCP# not applicable for PPO
			Y N	Month	Day	Year	M F	- -		Y	N	
Applicant			Y N	-	-	-	M F	- -		Y	N	
Spouse			Y N	-	-	-	M F	- -		Y	N	
Dependent			Y N	-	-	-	M F	- -		Y	N	
Dependent			Y N	-	-	-	M F	- -		Y	N	
Dependent			Y N	-	-	-	M F	- -		Y	N	
Dependent			Y N	-	-	-	M F	- -		Y	N	

Tobacco Use (NH only) Circle "Y" for each individual, 18 years or older, who within the last six months has used any tobacco product four or more times per week on average (excluding religious or ceremonial uses). Circle "N" for each individual, 18 years or older, who within the last six months has not used any tobacco product four or more times per week on average (excluding religious or ceremonial uses).

If you would like to receive a menu of electronic ways to interact with us, list your e-mail address here. **E-mail address:** _____ (optional)

The information supplied on this application is true and correct to the best of my knowledge and belief. I understand that membership will become effective when accepted by the plan. I understand that my covered benefits under this plan will be explained in a separate document, which may be revised from time to time. During my membership I authorize any health care provider or other health plan to provide medical information and records to the plan or plan affiliated health care providers. I also authorize the plan and any health care provider rendering services to me or my dependents to receive copies of my or my dependent's medical records. I understand that a copy of this application will be given to me, or my authorized representative, upon request. Final premium rates will be based on plan's receipt of a completed enrollment application which includes this application and the required binder payment. Harvard Pilgrim must approve any requested eligibility documentation before coverage is effectuated. The health plan reserves the right to withdraw or recalculate rates that were based on incomplete or inaccurate information.

Coverage underwritten or administered by Harvard Pilgrim Health Care, Inc. or its affiliate, HPHC Insurance Company Health Care, Inc.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

The applicant must sign and date this form for enrollment. If the applicant is a child under age 18, this form must instead be signed by a parent or legal guardian.

Applicant Signature

Date

Applicant's Parent/Legal Guardian (if applicable)