

Dependent Addendum

Plans for Individuals and Families



Please complete the following when you have more than two dependents and attach it to the Health Plan Application for Individuals and Families.

Applicant name		Social Security number (xxx-xx-xxxx)	
Phone number		Effective date (mm/dd/yyyy)	
Dependent Information			
Dependent #3 First name		Last name	M.I. Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Date of birth (mm/dd/yyyy)	Social Security number (xxx-xx-xxxx)	E-mail address	
Primary care physician (PCP) name, street, city/town, state and ZIP code			
Are you a current patient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent #4 First name		Last name	M.I. Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Date of birth (mm/dd/yyyy)	Social Security number (xxx-xx-xxxx)	E-mail address	
Primary care physician (PCP) name, street, city/town, state and ZIP code			
Are you a current patient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent #5 First name		Last name	M.I. Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Date of birth (mm/dd/yyyy)	Social Security number (xxx-xx-xxxx)	E-mail address	
Primary care physician (PCP) name, street, city/town, state and ZIP code			
Are you a current patient? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dependent #6 First name		Last name	M.I.	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Date of birth (mm/dd/yyyy)	Social Security number (xxx-xx-xxxx)	E-mail address		
Primary care physician (PCP) name, street, city/town, state and ZIP code				
Are you a current patient? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>This Dependent Addendum shall be deemed a part of the Health Plan Application for Individuals and Families ("the Application"); please staple this form to the Application and mail it to the address provided in Section 9 of the Application.</p>				

INTERNAL USE ONLY				
Sales rec'd _____	Sales eff. date _____	ID# _____	Eligibility A T Q N O	Other _____
MU rec'd _____	Send out _____	Send back in _____	Results _____	Determination _____
Complete date _____	Initial _____	AB	Lev 1	Lev 2
Memb. rec'd _____				

