COVENTRY
Health Care of Kansas, Inc.
and Coventry Health and
Life Insurance Company

Check one: ☐ PPO ☐ POS ☐ HMO ☐ Bronze ☐ Open Access ☐ Maximum Choice

Group Enrollment Form

Coventry Health Care of Kansas, Inc.
Enrollment Address
P.O. Box 2778, Bismarck, ND 58502 Fax # 701-250-5396

1. Please print or type all necessary information.
2. Complete all items requested.
3. NEW MEMBERS: Complete all items in Sections B,C, and D.
4. CURRENT MEMBERS: Check all items you wish to change under Section A. Complete Section B with your name and social security number. Fill in Sections C and D with updated information.

Group Name: Group Number: Subscriber Number: Effective Date:

Section A (Check all that apply)

Date of Change:

☐ Name Change
☐ Address Change
☐ Telephone Change
☐ Change Primary Care Physician

Add Dependent(s)
☐ Marriage
☐ Newborn
☐ Adoption
☐ Legal Guardianship
☐ Other

Cancel Dependent(s) only
☐ Marriage
☐ Divorce
☐ Age Limit
☐ Other

Cancel All Coverage
☐ Terminate Employment
☐ Voluntary Withdrawal
☐ Leave/Layoff
☐ Out of Service Area Move
☐ Other
☐ Continuation
☐ Conversion

COBRA
☐ Death
☐ Termination
☐ Reduction in Work Hours
☐ Divorce/Separation
☐ Loss of Dependent Eligibility
☐ Retirement

Reinstatement
☐ Return from Layoff
☐ Return from Leave
☐ Rehire
☐ Disenrollment Error
☐ Other

Section B

Subscriber Last Name First Name Middle Initial Social Security Number

Section C

Street Address City State Zip Code Home Telephone Number

Date of Hire Employer Name, Location Work Telephone Number

Section D

Last Name, First Name, Middle Initial	Member Number	Birth Date MM/DD/YY	Sex M/F	Social Security Number	Other Health Insurance Including Medicare	Primary Care Physician (for some HMO plans)
Subscriber	01					
Spouse	02					
Child						
Child						
Child						
Child						

By signing this form, I am applying for covered services for which my family and I are eligible and I authorize my employer to deduct from my earnings any required contributions.

I agree on behalf of myself and those family members enrolled ("Dependents"), for whom I have the authority to enroll and to consent on their behalf (collectively my Dependents and I shall be referred to as my "Enrolled Family"), that Coventry Health Care of Kansas, Inc., Coventry Health and Life Insurance Company or their authorized representatives (collectively referred to as "Health Plan") may use or disclose to third parties the information contained on this enrollment form and individually identifiable health information relating to my Enrolled Family for purposes of administering my health insurance benefit, including for treatment, payment or health care operations, as those terms are explained in detail in Health Plan's Notice of Privacy Practices and to the extent permitted by law.

I also agree on behalf of myself and my Dependents, that, to the extent permitted by law, health care providers, insurers, claims administrators, employers and others may disclose my Enrolled Family's personal information including individually identifiable health information that may include diagnosis, prognosis, treatment, and payment information related to physical and/or mental illness, including substance abuse, autoimmune deficiency syndrome, AIDS related complex, human immunodeficiency virus or genetic conditions to Health Plan for Health Plan's administration of health insurance benefits, including for treatment, payment or health care operations purposes and other purposes permitted by law.

I represent the information to be complete and accurate to the best of my knowledge. I understand that my answers will be used to determine eligibility for coverage. I further understand that if any material is omitted or misrepresented, it could provide the basis to refuse / rescind coverage and to refund any premiums paid as though coverage had never been in force. After coverage has been in force for two years, no statement except fraudulent statemens voids coverage or reduces bnefits.

Non-HMO plans are underwritten by Coventry Health and Life Insurance Company and administered by Coventry Health Care of Kansas, Inc. HMO plans are underwritten and administered by Coventry Health Care of Kansas, Inc.

Employee Signature Date