

ENROLLMENT APPLICATION

HOW TO ENROLL IN EHP

Please detach this page and review these instructions before completing the "Enrollment Application". If you have any questions please contact an **EHP** Service Representative before signing this Application.

EHP Customer Service at (410) 424-4450 or 1-800-261-2393

INSTRUCTIONS FOR NEW APPLICANTS:

- PLEASE PRINT OR TYPE. (Press down firmly so that each copy of application is readable.)
- COMPLETE SECTIONS NUMBERED #1–#20. Enter the information about your family members who are to be covered in #11–#15. If you have elected the EHP BASIC PLAN, you must complete #16. Please note that you are not required to complete #16 if you have elected the EHP PREMIUM PLAN.
- If you have elected the EHP BASIC PLAN, you must choose a Primary Care Physician and complete #16. In this area write the name and number of the physician(s) you wish to select as your Primary Care Physician(s). Female enrollees, age 14 and older, for obstetrics and gynecological care, should select a Medical Primary Care Physician as well as an OB/GYN Primary Care Physician. Primary Care Physicians are identified in the **EHP** Provider Directory.

IMPORTANT: If you are enrolling in the EHP BASIC PLAN and you do not select a Primary Care Physician, benefits will not be paid.

- COMPLETE #18. Your application cannot be processed without this information. However, do not enter your current insurance information if that insurance will be cancelled when **EHP** becomes effective.
- IF YOU ARE COVERED BY MEDICARE, COMPLETE #19. Please refer to your Federal Medicare Card (red, white & blue) for the information requested here.
- SIGN AND DATE #20 ON THIS FORM AND RETURN IT TO YOUR EMPLOYER.

INSTRUCTIONS FOR APPLICANT CHANGES:

- PLEASE PRINT OR TYPE.
- COMPLETE #1 BY CHECKING THE TYPE OF CHANGE YOU ARE REQUESTING.
- COMPLETE #2 THROUGH #19 (ONLY AS THEY APPLY TO THE CHANGE YOU REQUESTED IN #1).
- SIGN AND DATE #20 ON THIS FORM AND RETURN IT TO YOUR EMPLOYER.

WARNING: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/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 WHICH MAY BE PUNISHABLE AS A FELONY.

