BENECARD®

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Fax: 609-219-1660

■ RX

CLIENT NAME (EMPLOYER / COMPANY NAME)	CLIENT ID NO.	GROUP NO. or LOCATION NO.	TODAY'S DATE
Ramapo Indian Hills Regional School	1133	0247000	

CARDMEMBER SSN

EFFECTIVE DATE / /

CHECK ONE:
- ☐ SINGLE
- ☐ CDMBR & SPOUSE
- ☐ CDMBR & CHILD
- ☐ CDMBR & CHILDREN
- ☐ FAMILY

MAILING ADDRESS

CITY **STATE** **ZIP CODE**

PLEASE CHECK THE APPROPRIATE BOXES:

- ☐ GROUP CHANGE FROM_____ TO_____
- ☐ NEW ENROLLMENT
- ☐ REINSTATE MEMBER
- ☐ REINSTATE DEPENDENT/SPOUSE
- ☐ ADD DEPENDENT/SPOUSE
- ☐ TERMINATE MEMBER
- ☐ TERMINATE SPOUSE
- ☐ TERMINATE DEPENDENT
- ☐ NAME CHANGE
- ☐ RDS ENROLLMENT*
- ☐ ADDRESS CHANGE
- ☐ ISSUE CARD
- ☐ ISSUE DUPLICATE CARD
- ☐ DO NOT ISSUE CARD
- ☐ COBRA ENROLLMENT
- ☐ STUDENT STATUS UPDATE
- ☐ DISABLED STUDENT
- ☐ COBRA TERMINATION

	LAST NAME	FIRST NAME	GENDER	BIRTH DATE	SOCIAL SECURITY #	HICN
01 CARDMEMBER						
02 SPOUSE						
03 DEPENDENT						
04 DEPENDENT						
05 DEPENDENT						
06 DEPENDENT						
07 DEPENDENT						
08 DEPENDENT						
09 DEPENDENT						

Member Signature:	**Client Signature: Denise Pellegrino, Coordinator of Benefits**

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FORM 2/08-0005

FOR INTERNAL USE ONLY: DATE ENTERED____ ENTERED BY___ LOGGED BY___