

Use check applicable benefit:



# BENECARD®

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 Email: eligibility@benecard.com  
 Fax: 609-219-1660

Retiree - Medicare eligible

CLIENT NAME (EMPLOYER / COMPANY NAME) <b>Ramapo Indian Hills Regional School</b>			CLIENT ID NO. <b>1133</b>	GROUP NO. or LOCATION NO.	TODAY'S DATE	
CARDMEMBER ID NO. or SSN			PLEASE CHECK THE APPROPRIATE BOXES:			
EFFECTIVE DATE / /	CHECK ONE: <input type="checkbox"/> SINGLE <input type="checkbox"/> CDMBR & SPOUSE		<input type="checkbox"/> CDMBR & CHILD <input type="checkbox"/> CDMBR & CHILDREN <input type="checkbox"/> FAMILY		<input type="checkbox"/> GROUP CHANGE FROM _____ TO _____ <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> REINSTATE MEMBER <input type="checkbox"/> REINSTATE DEPENDENT/SPOUSE <input type="checkbox"/> ADD DEPENDENT/SPOUSE <input type="checkbox"/> TERMINATE MEMBER <input type="checkbox"/> TERMINATE SPOUSE <input type="checkbox"/> TERMINATE DEPENDENT <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> RDS ENROLLMENT*	
MAILING ADDRESS						
CITY	STATE	ZIP CODE	<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> ISSUE CARD <input type="checkbox"/> ISSUE DUPLICATE CARD <input type="checkbox"/> DO NOT ISSUE CARD <input type="checkbox"/> COBRA ENROLLMENT <input type="checkbox"/> STUDENT STATUS UPDATE <input type="checkbox"/> DISABLED STUDENT <input type="checkbox"/> 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						
10 DEPENDENT						
COORDINATION OF BENEFITS INFORMATION FOR RX OR VISION COVERAGE: RX <input type="checkbox"/> VISION <input type="checkbox"/> IF BOTH ADD INFORMATION BELOW						
SPOUSE'S ID NUMBER			SPOUSE'S INSURANCE COMPANY			
SPOUSE'S EMPLOYER		SPOUSE'S POLICY OR GROUP NO.		SPOUSE'S COVERAGE EFFECTIVE DATE		
MEMBER SIGNATURE			CLIENT REP. SIGNATURE <b>Denise Pellegrino</b>			
*IF CLIENT IS RDS APPLICANT, APPLICATION NUMBER IS:						