

PASSAIC SCHOOL DISTRICT PRESCRIPTION ENROLLMENT/CHANGE FORM

CLIENT NAME PASSAIC BOARD OF EDUCATION		CLIENT ID NO. KCV	GROUP ID EXS000000018744	TODAY'S DATE	
CARD MEMBER ID NUMBER N/A		PLEASE CIRCLE THE APPROPRIATE CHANGE:			
EFFECTIVE DATE 1/1/21	CIRCLE ONE: SINGLE CDMBR & SPOUSE	CDMBR & CHILD FAMILY	NEW ENROLLMENT REINSTATE MEMBER REINSTATE DEPENDENT ADD DEPENDENT TERMINATE MEMBER TERMINATE SPOUSE TERMINATE DEPENDENT NAME CHANGE CHANGE TO RETIREE STATUS	MOVE TO OTHER SUB LOCATION ADDRESS CHANGE ISSUE CARD ISSUE DUPLICATE CARD DO NOT ISSUE CARD COBRA ENROLLMENT-SEE BELOW STUDENT STATUS CHANGE DISABLED DEPENDENT	
STREET ADDRESS					
CITY STATE ZIP					
	SSN	LAST NAME	FIRST NAME	SEX	BIRTHDATE
01 CARDMEMBER					
02 SPOUSE					
03 DEPENDENT					
04 DEPENDENT					
05 DEPENDENT					
06 DEPENDENT					
07 DEPENDENT					
COORDINATION OF BENEFITS INFORMATION:					
SPOUSE 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		

* GROUP ID = ACTIVE, COBRA, OR DU31

COBRA INFORMATION:	
REASON FOR COBRA:	EFFECTIVE DATE: