

# ENROLLMENT & CHANGE FORM



Underwritten by: NATIONAL HEALTH INSURANCE COMPANY  
 Dallas, Texas  
 Third Party Administrator: Meritain Health  
 1405 Xenium Lane North, Suite 140, Minneapolis, MN 55441

**Name of Employer** \_\_\_\_\_  
**Group Number** \_\_\_\_\_ **Effective Date/Date of Change** \_\_\_\_\_  
**PPO elected** \_\_\_\_\_

### Check Reason for Enrollment or Change

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Address Change               | <input type="checkbox"/> New Subscriber | <input type="checkbox"/> Change Name         |
| <input type="checkbox"/> Special Enrollment           | <input type="checkbox"/> Group Transfer | <input type="checkbox"/> Cancel              |
| <input type="checkbox"/> Waiver of Insurance Election | <input type="checkbox"/> COBRA          | <input type="checkbox"/> Add a Family Member |
| <input type="checkbox"/> Open Enrollment              | Date _____                              |  |

Cancellation Reason \_\_\_\_\_  
 Add a Family Member Reason \_\_\_\_\_  
 Terminate a Family Member Reason \_\_\_\_\_  
 Other Reason \_\_\_\_\_

### EMPLOYEE INFORMATION

Last Name	Legal First Name	Nickname	Middle Initial	Status
Home Address (Including mailing address if different)				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
City				Date of Full-Time Employment
State		Zip	County	Classification
Home Telephone (    )		Work Telephone (    )	Email Address _____	<input type="checkbox"/> Out of Area <input type="checkbox"/> Other <input type="checkbox"/> Management

### EMPLOYEE AND DEPENDENT(S) INFORMATION

NAME (First, MI, Last) (Social Security Number required for processing) (child must be under age 26 unless otherwise noted)	Date of Birth MM/DD/YY	Relationship to Subscriber	Sex M/F
1. Employee Name _____			
SSN# _____			
2. Name of Spouse/Domestic Partner _____			
SSN# _____			
3. Dependent Name _____		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Stepchild <input type="checkbox"/> Guardianship	
SSN# _____			
4. Dependent Name _____		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Stepchild <input type="checkbox"/> Guardianship	
SSN# _____			
5. Dependent Name _____		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Stepchild <input type="checkbox"/> Guardianship	
SSN# _____			
6. Dependent Name _____		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Stepchild <input type="checkbox"/> Guardianship	
SSN# _____			

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## DISCLOSURES, AUTHORIZATION AND SIGNATURE

I have answered the above questions to the best of my knowledge and belief. I understand and agree that no coverage shall be in force until the effective date assigned by National Health Insurance Company. I understand that if I or my dependents are covered by other group insurance, I will cooperate fully with National Health Insurance Company in providing information necessary to coordinate benefits.

Signature of Employee \_\_\_\_\_ Date Signed \_\_\_\_\_

## IMPORTANT FRAUD NOTICES

### FRAUD STATEMENT

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### FRAUD STATEMENT APPLICABLE TO RESIDENTS OF ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### FRAUD STATEMENT APPLICABLE TO RESIDENTS OF CALIFORNIA

For Your protection, California law requires the following to appear on this form: "Any person who knowingly presents a false or fraudulent claim for payment of loss is guilty of a crime and may be subject to fines and confinement in a state prison."

### FRAUD STATEMENT APPLICABLE TO RESIDENTS OF COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### FRAUD STATEMENT APPLICABLE TO RESIDENTS OF DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.

### FRAUD STATEMENT APPLICABLE TO RESIDENTS OF FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### FRAUD STATEMENT APPLICABLE TO RESIDENTS OF KANSAS

Any person who, with intent to defraud or knowing that he/she is facilitating a fraudulent act against an insurer, submits and application or files a claim containing any false or deceptive statement, may be guilty of insurance fraud as determined by a court of law.

### FRAUD STATEMENT APPLICABLE TO RESIDENTS OF KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### FRAUD STATEMENT APPLICABLE TO RESIDENTS OF MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### FRAUD WARNING APPLICABLE TO RESIDENTS OF MONTANA AND OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

### FRAUD STATEMENT APPLICABLE TO APPLICATIONS TAKEN IN THE STATE OF NEW JERSEY

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Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## **FRAUD STATEMENT APPLICABLE TO RESIDENTS OF NEW MEXICO**

Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

## **FRAUD STATEMENT APPLICABLE TO RESIDENTS OF OKLAHOMA**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

## **FRAUD STATEMENT APPLICABLE TO RESIDENTS OF OREGON AND TEXAS**

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.

## **FRAUD STATEMENT APPLICABLE TO RESIDENTS OF TENNESSEE AND WASHINGTON**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## **FRAUD STATEMENT APPLICABLE TO RESIDENTS OF VIRGINIA**

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.