an EmblemHealth company

P.O. BOX 2820
NEW YORK, NY 10116-2820

911 Health
Insurance Group

HEALTH INSURANCE ENROLLMENT APPLICATION

SUBSCRIBER INFORMATION

LAST NAME	FIRST NAME	MI	SOC. SEC. NUMBER	EMAIL ADDRESS

HOME ADDRESS	DATE OF BIRTH	SEX	PRIMARY LANGUAGE SPOKEN
		☐ MALE ☐ FEMALE	

CITY	STATE	ZIP	TELEPHONE NUMBERS HOME	WORK	FAX

DEPENDENT INFORMATION - List Dependent Children

NAME (INDICATE DIFFERENT LAST NAME IF APPLICABLE) LAST	FIRST	MI	DATE OF BIRTH MO/DAY/YR	SOCIAL SECURITY NUMBER	SEX	RELATION-SHIP	MAILING ADDRESS (If different from above)	E-MAIL ADDRESS	RACE ETHNICITY (SEE CODES)
				- -					
				- -					
				- -					
				- -					

PLEASE READ DESCRIPTION OF BENEFITS IN THE ENCLOSED BROCHURE BEFORE MAKING YOUR SELECTION

BILLED RATES FOR THE 911 HEALTH INSURANCE GROUP PROGRAM:
(Select Appropriate Box)

PPO	Monthly	Quarterly
Individual:	☐ $576.28	☐ $1,728.84
Individual & Dependents:	☐ $1,094.91	☐ $3,284.73

GHI Group Number 33341C931

911 Health Insurance Group Authorization: ______________________________ Date ____________

Effective Date: ____

Mail Form for Validation to: 911 Health Insurance Group
P.O. Box 1270
Denville, New Jersey 07834

DESIRED EFFECTIVE DATE OF COVERAGE

Your effective date of coverage will be the first of the month following the date your application is received.

BEFORE DATING AND SIGNING THIS FORM, PLEASE MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS. ALSO, BE SURE YOU HAVE CHECKED THE APPROPRIATE BOXES FOR THE TYPE OF COVER AGE YOU DESIRE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim concerning 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

______________________________ SUBSCRIBER'S SIGNATURE

______________ DATE

Race/Ethnic Affiliation Codes *(optional)*:	**A** = Asian	**B** = Black or African American	**H** = Hispanic or Latino	
	I = American Indian or Alaskan Native	**P** = Native Hawaiian or other Pacific Islander	**W** = White	**U** = Unknown