

PASSAIC SCHOOL DISTRICT PRESCRIPTION ENROLLMENT/CHANGE FORM

CLIENT NAME PASSAIC BOARD OF EDUCATION				CLIENT ID NO. KCV	GROUP ID	TODAY'S DATE
CARD MEMBER ID NUMBER				PLEASE CIRCLE THE APPROPRIATE CHANGE:		
EFFECTIVE DATE	CIRCLE ONE:			NEW ENROLLMENT	MOVE TO OTHER SUB LOCATION	
	SINGLE		CDMBR & CHILD	REINSTATE MEMBER	ADDRESS CHANGE	
	CDMBR & SPOUSE		FAMILY	REINSTATE DEPENDENT	ISSUE CARD	
STREET ADDRESS				ADD DEPENDENT	ISSUE DUPLICATE CARD	
				TERMINATE MEMBER	DO NOT ISSUE CARD	
CITY				TERMINATE SPOUSE	COBRA ENROLLMENT-SEE BELOW	
STATE				TERMINATE DEPENDENT	STUDENT STATUS CHANGE	
ZIP				NAME CHANGE	DISABLED DEPENDENT	
				CHANGE TO RETIREE STATUS		
	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: