

## HEALTH INSURANCE ENROLLMENT APPLICATION

### SUBSCRIBER INFORMATION

LAST NAME	FIRST NAME	MI	SOC. SEC. NUMBER	EMAIL ADDRESS
HOME ADDRESS			DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY		STATE	ZIP	TELEPHONE NUMBERS
			HOME	WORK
			FAX	

### DEPENDENT INFORMATION - List Dependent Children

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

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

**BILLED RATES FOR THE 9/11 HEALTH INSURANCE GROUP PROGRAM:**  
(Select Appropriate Box)

PPO	Monthly	Quarterly
<b>Individual:</b>	<input type="checkbox"/> \$429.45	<input type="checkbox"/> \$1,289.55
<b>Individual &amp; Dependents:</b>	<input type="checkbox"/> \$815.95	<input type="checkbox"/> \$2,447.85

9/11 Health Insurance Group Authorization: \_\_\_\_\_ Date \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Mail Form for Validation to: 9/11 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 COVERAGE 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								
<table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 33%;"><b>Race/Ethnic</b></td> <td style="width: 33%;">A = Asian</td> <td style="width: 33%;">B = Black or African American</td> <td style="width: 33%;">H = Hispanic or Latino</td> </tr> <tr> <td><b>Affiliation Codes (optional):</b></td> <td>I = American Indian or Alaskan Native</td> <td>P = Native Hawaiian or other Pacific Islander</td> <td>W = White      U = Unknown</td> </tr> </table>		<b>Race/Ethnic</b>	A = Asian	B = Black or African American	H = Hispanic or Latino	<b>Affiliation Codes (optional):</b>	I = American Indian or Alaskan Native	P = Native Hawaiian or other Pacific Islander	W = White      U = Unknown
<b>Race/Ethnic</b>	A = Asian	B = Black or African American	H = Hispanic or Latino						
<b>Affiliation Codes (optional):</b>	I = American Indian or Alaskan Native	P = Native Hawaiian or other Pacific Islander	W = White      U = Unknown						