

GVHP MEMBERSHIP APPLICATION & CHANGE FORM

HMO Grand Choice Other

Group #: _____
Subgroup #: _____

REASON FOR APPLICATION (Please check one):

Contract Addition Date: _____

Contract Termination Date: _____

Address Change (List Previous Address): _____

- OPEN ENROLLMENT NEW HIRE
 REINSTATE COVERAGE PT TO FT
 LOST OTHER COVERAGE
 OTHER _____

- TERMINATION OF EMPLOYMENT DEATH
 CHANGE OF INSURANCE RETIREMENT
 VOLUNTARY DISENROLLMENT LAYOFF
 OTHER _____

Name Change (List Previous Name): _____

Dependent Addition Date: _____

Dependent Termination Date: _____

Subgroup Transfer Date: _____

- BIRTH MARRIAGE
 LOST OTHER COVERAGE ADOPTION
 OTHER _____

- INELIGIBLE DUE TO AGE DIVORCE
 VOLUNTARY DISENROLLMENT DEATH
 OTHER _____

- ADD TO COBRA RETIREMENT
 OTHER _____
 Other (Please Specify): _____

(PLEASE PRINT OR TYPE POLICY HOLDER INFORMATION)

Subscriber Last Name: (Apellido)		Subscriber First Name: (Nombre)		Middle Initial: (Inicial)	Ethnicity (Optional): <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	
Birth Date: (Fecha de Nacimiento)	Social Security Number:		Gender: (Genero) <input type="checkbox"/> Male (Hombre) <input type="checkbox"/> Female (Mujer)			
Home Address: (Dirección)			City: (Ciudad)	State: (Estado)	Zip Code: (Codigo Postal)	Marital Status:
Home Telephone: (Telefono de Casa) () ()	Work Telephone: (Telefono de trabajo) () ()	Group Name:		Subscriber E-mail:	Date of Hire:	

(PLEASE PRINT OR TYPE DEPENDENT INFORMATION)

Last Name	First Name	Middle Initial	Social Security Number	Relationship to Subscriber	Sex M/F	Birth Date	Dependent Email Address (if applicable)
			- -			- -	
			- -			- -	
			- -			- -	
			- -			- -	
			- -			- -	
			- -			- -	
			- -			- -	

IMPORTANT: Please select a Grand Valley Family Health Center for you and your family members. Please check one box.

- Beckwith (NE Grand Rapids) 224-1515 Hudsonville 457-3830 Rockford 866-9568 Walker 784-4717 Wyoming 532-1100

If any family members live at a different address and/or need to select a Family Health Center different than yours, please list:

Name:	Address:	Family Health Center:

PLEASE ANSWER QUESTIONS BELOW (Coordination of Benefits)

If you, your spouse, or any dependents are covered by Medicare or any other insurance policy providing medical benefits along with Grand Valley Health Plan, please complete this section.

Where are your claims sent?	Company Name / Address		Policy Number
Policyholder information	Name of policyholder	Birth Date / /	Employer
	Family Member(s) covered (1) 2) 3) 4)		Policy effective date
Reason for Medicare: <input type="checkbox"/> End stage renal disease <input type="checkbox"/> Disabled <input type="checkbox"/> Over age 65 <input type="checkbox"/> Over age 65 and Working			Medicare Effective Date

PLEASE SIGN THIS APPLICATION AND RETURN TO YOUR PERSONNEL OFFICE

In making this Application for, or change in, membership, I agree to the following for myself and my dependents:

- That this Application and the acceptance thereof constitutes an agreement to the terms and conditions contained in the GVHP Subscriber Certificate of Coverage and summarized in the GVHP enrollment materials.
- That I authorize my employer/group to deduct from my earned or accrued wages and remit the prevailing fee, if any, that may be required for the cost of this coverage.
- That I acknowledge GVHP's right to conduct a utilization review program of health services, and to coordinate benefits and/or reimbursements with other insurance programs.
- That all information furnished by me is true and complete to the best of my knowledge.
- That I understand I am no longer eligible for this plan if I am out-of-area greater than 90 consecutive days.
- That I understand that GVHP does not offer a Medicare-gap policy.

SUBSCRIBER SIGNATURE _____ DATE: _____

EMPLOYER SIGNATURE _____ TITLE: _____ DATE: _____