EmblemHealth
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TRANSACTION FORM FOR GROUP ACCOUNTS

MEMBERSHIP / P.O. BOX 2820 • NEW YORK, NY 10116-2820

(Please read important information on back before completing this form)

I. SUBSCRIBER INFORMATION

LAST NAME	FIRST NAME	M.I.	TELEPHONE NUMBERS HOME / WORK / FAX
HOME ADDRESS (Include Apartment Number)			SEX ☐ Male ☐ Female / MARITAL STATUS ☐ Single ☐ Married ☐ Other
CITY	STATE	ZIP CODE	EMPLOYMENT STATUS ☐ Employed ☐ Not-Employed ☐ Retired ☐ COBRA ☐ RETIREE/RDS - EFFECTIVE DATE / ☐ Young Adult (Parent ID: _____) / PRIMARY LANGUAGE SPOKEN

II. ENROLLMENT INFORMATION

NAME			DATE OF BIRTH	SOCIAL SECURITY	SEX	RELATIONSHIP	MAILING ADDRESS	EMAIL ADDRESS	ADD (V)	DELETE (V)	RACE/ETHNICITY (CODES BELOW)
LAST	FIRST	M.I.									
SUBSCRIBER						SELF					
SPOUSE											
DEPENDENT											
DEPENDENT											
DEPENDENT											

III. OTHER CARRIER INFORMATION

Do you or any of your dependents have other health care coverage? ☐ Yes Please complete this section ☐ No GO TO SECTION IV

NAME OF OTHER INSURANCE CARRIER	TYPE OF CONTRACT ☐ Group ☐ Individual	NAME OF POLICY HOLDER LAST NAME	FIRST NAME	M.I.
CARRIER'S ADDRESS	CITY	STATE / ZIP CODE	POLICY NUMBER	EFFECTIVE DATE

IV. DID YOU HAVE PRIOR HEALTH COVERAGE

☐ YES Please provide a 12-month history of all coverage in this section ☐ NO GO TO SECTION V

	NAME AND ADDRESS OF INSURER	TELEPHONE NUMBER OF INSURER	NAME OF POLICYHOLDER	POLICY I.D. NUMBER	EFFECTIVE DATE OF CURRENT OR PRIOR POLICY	TERMINATION DATE OF CURRENT OR PRIOR POLICY
HOSPITAL						
MEDICAL						

V. EMPLOYER INFORMATION

GHI CERTIFICATE NUMBER OR EMPLOYEE SOCIAL SECURITY NUMBER	DATE OF HIRE	EMPLOYEE WAITING PERIOD ☐ YES NUMBER OF WAITING PERIOD DAYS _____ ☐ NOT APPLICABLE NUMBER OF ACTIVE EMPLOYEES IN YOUR GROUP _____

Check one: ☐ New Enrollment ☐ Reinstatement ☐ Termination

STATUS CHANGE: ☐ Add Dependent ☐ Remove Dependent ☐ Address Change ☐ Name Change Reason for Change: _____

TRANSFER: ☐ To Another Carrier ☐ GHI Group # Change: From _____ To _____ Is applicant currently working at least 20 hours per week? ☐ Yes ☐ No

VI. SUBSCRIBER AUTHORIZATION

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, shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Subscriber Signature _____ Date _____

GROUP AUTHORIZATION

Authorized Signature _____ Date _____ Phone Number _____

VII. GROUP NAME AND ADDRESS

EFFECTIVE DATE OF TRANSACTION	GHI GROUP NUMBER
MEDICAL	MEDICAL
HOSPITAL	HOSPITAL
DENTAL	DENTAL

RACE/ETHNICITY CODES: (Optional) A = ASIAN; B = BLACK OR AFRICAN AMERICAN; C = CAUCASIAN; H = HISPANIC OR LATINO; I = NATIVE AMERICAN OR ALASKAN NATIVE; P = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER; O = OTHER

See information/explanation on reverse side

IMPORTANT INFORMATION

1. The subscriber must complete sections I through IV. The group plan administrator must complete section V. Both the subscriber and the administrator must complete section VI.
2. All effective dates of transactions may not exceed thirty (30) days retroactive from the next billing date.
3. For policies issued or renewed after September 23, 2010, dependent children may stay on or be added to a parent's policy until age 26 (end of birthday month), regardless of student status, as part of federal health reform. The premium will be billed at the applicable coverage tier and other than the basic enrollment form, nothing else is required. Most employer groups cannot limit dependent coverage eligibility even if the qualified dependent has access to his or her own employer based coverage. Only standard GHI and HIP HMO Direct Pay, Healthy New York and GHI large groups have the possibility of restrictions for adding dependents up to age 26.

   As part of New York State's "Age 29" law, eligible young adults through age 29 (up to 30th birthday) may continue or obtain coverage through a parent's group policy
4. Failure to complete any part of this form (e.g., group number, reason for submission, certificate number, etc.) will delay the processing of the transaction.
5. Failure to have the proper signatures and authorization will require GHI to return this transaction form to the employer group administror.

Why We Ask You for Race/Ethnicity Information

National studies show that differences in access to health care occur along ethnic lines. In our effort to ensure that everyone we serve receives appropriate care, GHI, along with other health insurers, is collecting data on ethnicity with the goal of improving access to care and outcomes for groups who often have poorer results. Information will only be used by our Medical Department to improve access to needed care and will not be available to any other staff. Answering this question is voluntary.

GHI Web Site

For fast, convenient access to the latest claim status, eligibility, and benefits information, visit GHI's secure Web site at www.ghi.com. Available around the clock, on the site you can also find provider listings, order ID cards, view an online Explanation of Benefits, access wellness information, and much more.

Translation Services

If English is not your primary language and translation services are needed when calling GHI Customer Service, a representative can help you.

Effective September 23, 2010, federal health reform may require changes to your coverage, depending on your plan. Get more information at **www.emblemhealthreform.com**.