



City of Worcester Advantage Insurance Enrollment and Change Form

Check one: Settled Non-Settled New Settled

Employee information: Last name		First name		MI	Social Security #:	DOB: / /	
Address:					PCP name:	DOH: / /	
City:		State:	ZIP Code:		Ever treated by this PCP? Y/N	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Primary language:		Race:	Ethnicity:		Check one: <input type="checkbox"/> Active employee <input type="checkbox"/> Retiree <input type="checkbox"/> Survivor		
Are you covered by Medicare? Y/N	Part A effective:	Part B effective:	Medicare #:		Department:		Phone (H): Phone (W):
Effective date:	<input type="checkbox"/> New hire <input type="checkbox"/> Open enrollment		Change to family: <input type="checkbox"/> Add spouse <input type="checkbox"/> Add dependent		Change to individual: <input type="checkbox"/> Remove dependent(s)		<input type="checkbox"/> Termination of employment <input type="checkbox"/> Loss of coverage <input type="checkbox"/> Other

Remarks:

Select one of the health plans below and indicate family or individual plan:

<input type="checkbox"/> City of Worcester Direct	<input type="checkbox"/> Individual Plan	<input type="checkbox"/> Family Plan	(Benefits office use only)
<input type="checkbox"/> City of Worcester Advantage			Group#
<input type="checkbox"/> City of Worcester Advantage QHDP			ID#

Dependent information:

Spouse/Ex-spouse: (Last/First/MI)	Circle one: M F	Social Security #:	DOB: / /	Are you covered by Medicare? Y/N
			Part A effective:	Part B effective:
PCP name:	Ever treated by this PCP? Y/N	Medicare #:		
Dependent child: (Last/First/MI)	M F	Social Security #:	DOB: / /	PCP:
			Ever treated by this PCP? Y/N	
Dependent child: (Last/First/MI)	M F	Social Security #:	DOB: / /	PCP:
			Ever treated by this PCP? Y/N	
Dependent child: (Last/First/MI)	M F	Social Security #:	DOB: / /	PCP:
			Ever treated by this PCP? Y/N	
Dependent child: (Last/First/MI)	M F	Social Security #:	DOB: / /	PCP:
			Ever treated by this PCP? Y/N	

Employee signature: _____ Date: _____ Employer signature: _____ Date: _____