Enrollment Form

BeneCard PBF
Prescription Benefit Facilitator

TODAY'S DATE:

CLIENT INFORMATION

CLIENT NAME (PLAN SPONSOR / EMPLOYER)   CLIENT #   GROUP #

CARDMEMBER INFORMATION

FIRST NAME   MI LAST NAME   ID #   SSN#

MAILING ADDRESS   CITY   STATE   ZIP CODE

PHONE NUMBER   CELL PHONE   EMAIL

COVERAGE TYPE

PLEASE CHECK ONE: EFFECTIVE DATE:

☐ SINGLE   ☐ CARDMEMBER/SPOUSE   ☐ CARDMEMBER/CHILD   ☐ CARDMEMBER/CHILDREN   ☐ FAMILY

REASON CODE

A	NEW ENROLLMENT	J	RDS ENROLLMENT, APPLICATION NUMBER IF APPLICABLE: _____
B	REINSTATE MEMBER	K	ISSUE CARD
C	REINSTATE DEPENDENT / SPOUSE	L	DO NOT ISSUE ID CARD
D	ADD DEPENDENT / SPOUSE	M	COBRA ENROLLMENT
E	TERMINATE COVERAGE	N	COBRA TERMINATION
F	TERMINATE DEPENDENT COVERAGE	O	STUDENT STATUS UPDATE
G	NAME CHANGE	P	DISABLED DEPENDENT
H	ADDRESS CHANGE	Q	OVERAGE DEPENDENT**
I	GROUP CHANGE:	R	DEPENDENT ADDRESS DIFFERS FROM CARDMEMBER (INCLUDE ON BACK)
	FROM_____ TO _____		

ELIGIBILITY

	LAST NAME	FIRST NAME	MI	GENDER	BIRTHDATE	SSN	HICN	REASON CODES
CARDMEMBER								
02 SPOUSE								
EMAIL/PHONE*								
03 DEPENDENT								
EMAIL/PHONE*								
04 DEPENDENT								
EMAIL/PHONE*								
05 DEPENDENT								
EMAIL/PHONE*								
06 DEPENDENT								
EMAIL/PHONE*								
07 DEPENDENT								
EMAIL/PHONE*								
08 DEPENDENT								
EMAIL/PHONE*								

*OPTIONAL, ONLY IF DIFFERENT FROM CARMEMBER

COORDINATION OF BENEFITS

SECONDARY COVERAGE ID NUMBER   INSURANCE COMPANY   POLICY / GROUP#

EMPLOYER/PLAN SPONSOR   EFFECTIVE DATE

3131 Princeton Pike, Bldg. 2B, Suite 103, Lawrenceville, NJ 08648   Fax: 609-219-1660   eligibility@benecard.com   www.benecardpbf.com

MEMBER SIGNATURE

CLIENT SIGNATURE

FOR INTERNAL USE ONLY:		
DATE ENTERED:_____	ENTERED BY:_____	LOGGED BY:_____

Back of Enrollment Form

FIRST NAME	MI LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

Dependent Address (2)
(if differs from cardmember)

FIRST NAME	MI LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

Dependent Address (3)
(if differs from cardmember)

FIRST NAME	MI LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

Dependent Address (4)
(if differs from cardmember)

FIRST NAME	MI LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL

Dependent Address (5)
(if differs from cardmember)

FIRST NAME	MI LAST NAME	ID #	SSN

MAILING ADDRESS	CITY	STATE	ZIP CODE

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