

SECTION 1: To be completed by applicant

Details	Applicant	Spouse/Domestic Partner	Child	Child	Child
Last Name*					
First Name*					
Social Security Number*					
DOB: (MM/DD/YYYY)*	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Street Address*					
City, State, Zip*					
Phone Number*					
E-mail Address*					
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
PCP Name					
Prior Carrier					

(* required fields)

SECTION 2: To be completed by employer

EPO Plan Selection†—Effective Date: ____ / ____ / ____

<input type="checkbox"/> Standard Platinum	<input type="checkbox"/> Standard Gold	<input type="checkbox"/> Standard Silver	<input type="checkbox"/> Standard Bronze	<input type="checkbox"/> Tradition Platinum 30/30	<input type="checkbox"/> Tradition Gold Copay
<input type="checkbox"/> Tradition Gold 30/50/1000	<input type="checkbox"/> Tradition Gold 40/60	<input type="checkbox"/> Tradition Silver HSA 100%	<input type="checkbox"/> Tradition Bronze HSA 100%	<input type="checkbox"/> Value Platinum	<input type="checkbox"/> Value Gold 20/50
<input type="checkbox"/> Value Gold 45/45	<input type="checkbox"/> Value Silver	<input type="checkbox"/> Access Platinum 30/30	<input type="checkbox"/> Access Gold Copay	<input type="checkbox"/> Access Silver 40/60	<input type="checkbox"/> Access Silver HSA 100%
<input type="checkbox"/> Access Bronze HSA 70%	<input type="checkbox"/> Access Value Platinum	<input type="checkbox"/> Access Value Gold 20/50	<input type="checkbox"/> Access Value Gold 45/45	<input type="checkbox"/> Access Value Silver	<input type="checkbox"/> Other _____

† Summary of Benefits and Coverage documents (SBCs) for all CareConnect plans are available at CareConnect.com.

Date: ____/____/____	Group Name:	Group Number:	Occupation:
Qualifying Life Event:	Event Date: ____/____/____	Date of Hire (MM/DD/YYYY): ____/____/____	Employer Signature:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false 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 \$5,000 dollars and the stated value of the claim for each violation.

Insured Signature _____ Date ____/____/____

CareConnect
 Attention: Group Enrollment
 2200 Northern Blvd., Suite 104, East Hills, NY 11548
 P: 855-706-7545 F: 844-266-4343 CareConnect.com

CareConnect Insurance Company, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-226-7318 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-226-7318 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-226-7318 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-226-7318 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-226-7318 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-226-7318 (TTY: 711)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-226-7318 (TTY: 711).

מאזקערעמפיוא: לאצפא אן אפ יירפ סעסיוורעס פיליה קארפש קייא ראפ אהראפ אענעז, שידיא טדער ריא ביא: 1-855-226-7318 (TTY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-855-226-7318 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-226-7318 (TTY: 711).

711): مكبل او مصلا فتاه مقرر (1-855-226-7318 مقرر ل صتا. اناجلاب كل رفاوتت ةيوغلل ا دعاسلا تامدخ نإف ،ةغلل ركذا شدحتت تنك اذا :ةظوح لم

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-226-7318 (TTY: 711).

1-855-226-7318 (TTY: 711): سىرك لاك - سى باىتسد سىم تفم تامدخ ك دم ك نابز وك پأ وت ،سىم ءتلوب وبرا پأ رگا :رادربخ

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-226-7318 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-226-7318 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-226-7318 (TTY: 711).