



HEALTH INSURANCE ENROLLMENT/CHANGE FORM FOR ACTIVE EMPLOYEES

(Administered by Anthem Blue Cross and Blue Shield in New Hampshire)

Please send form to:
 City of Manchester
 Human Resources/Benefits
 One City Hall Plaza
 Manchester, NH 03101
 Phone (603) 624-6543 Fax (603) 628-6065
 benefitscoordinator@manchesternh.gov

	Date of Hire	Date of Change	Effective Date						
MEDICAL BENEFIT OPTIONS									
Please select a Division: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Airport <input type="checkbox"/> Airport/Union <input type="checkbox"/> Aldermen <input type="checkbox"/> Assessors <input type="checkbox"/> BMD/Fac <input type="checkbox"/> BMD/Fac-Union <input type="checkbox"/> City Clerk <input type="checkbox"/> City Solicitor <input type="checkbox"/> EPD <input type="checkbox"/> EPD/Union <input type="checkbox"/> Eld. Services <input type="checkbox"/> Finance <input type="checkbox"/> Fire <input type="checkbox"/> Fire Chiefs/Union <input type="checkbox"/> Fire/Union <input type="checkbox"/> Health <input type="checkbox"/> Health/Union <input type="checkbox"/> Hwy <input type="checkbox"/> Hwy/Union <input type="checkbox"/> HR <input type="checkbox"/> Info Systems <input type="checkbox"/> Library <input type="checkbox"/> Library/Union <input type="checkbox"/> Mayor <input type="checkbox"/> MEDO <input type="checkbox"/> OYS <input type="checkbox"/> Parking <input type="checkbox"/> Parks & Rec <input type="checkbox"/> Parks & Rec/Union <input type="checkbox"/> Plan&Comm Dev <input type="checkbox"/> Police/Non Aff. <input type="checkbox"/> Police/PDSS <input type="checkbox"/> Police/Maps <input type="checkbox"/> Police MPPA <input type="checkbox"/> Tax <input type="checkbox"/> Water <input type="checkbox"/> Water/Union <input type="checkbox"/> Welfare									
Employee Name (Last)	(first)	(M.I.)	Home Phone #						
Employee DOB		Employee SSN							
Address (Street)			(City) (State) (Zip Code)						
Home E-Mail Address									
Last Name	First Name	M. I.	Date of Birth	Social Security # (Required)	Gender	Relation to Subscriber	Full Time Student (ages 19-25)	Doctors Full Name and PCP# (required for both HMO & POS) (Leave PCP# blank if you can't find it)	Existing Patient
EMPLOYEE (As Above)			As Above	As Above	<input type="checkbox"/> Male <input type="checkbox"/> Female	Self	N / A	Name PCP #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse (Whom you wish to cover or remove)					<input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse	N / A	Name PCP #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent (Whom you wish to cover or remove)					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name PCP #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent (Whom you wish to cover or remove)					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name PCP #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent (Whom you wish to cover or remove)					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name PCP #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent (Whom you wish to cover or remove)					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name PCP #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Health Care Coverage: Do you or your dependents have other health insurance under a group plan, HMO or Medicare? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide the following information)									
Name of person covered	SSN or Medicare #	Effective Date	End Date	Medicare Part A	Medicare Part B	Medicaid	Other Insurance Carrier		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Signature				Date Completed	Employer's Signature			Date Entered	