

# MEDTIPSTER.COM - ENROLLMENT \* TERMINATION \* CHANGE FORM

FAX: 1- 248-502-3167 # of Pages \_\_\_\_\_

Check if URGENT

[eligibility@medtipster.com](mailto:eligibility@medtipster.com)

**Carrier: 2869**

1. Name of Client: \_\_\_\_\_
2. Client Number: \_\_\_\_\_
3. Group Number: \_\_\_\_\_
4. Employee ID Number: \_\_\_\_\_
5. Employee Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F  
(Please include last name of dependents if different than employee)

Address: \_\_\_\_\_

Spouse \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F

Dependent \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F

Dependent \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F

Dependent \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F

Dependent \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F

6. Effective Date of Add/Term/Change: \_\_\_\_\_

7. Request Extra Cards (please circle): Yes / No

8. MT to create a unique id (please circle): Yes / No

9. Additional Requests: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

Check all that apply.

ADDITION:

- Add New Employee  
 Add Spouse  
 Add Dependents  FT Student

TERMINATION:

- Terminate Employee  
 Terminate Employee & Dependents  
 Terminate Spouse  
 Terminate All Dependents  
 Terminate Certain Dependents (please list)

CHANGE / CORRECTION:

- Change Name of Employee / Dependent  
 Incorrect Name: \_\_\_\_\_  
 Correct Name: \_\_\_\_\_  
 Change Social Security Number: \_\_\_\_\_  
 Incorrect Social Security Number: \_\_\_\_\_  
 Correct Social Security Number: \_\_\_\_\_  
 Change Location or Division: \_\_\_\_\_  
 Old Division or Location: \_\_\_\_\_  
 New Division or Location: \_\_\_\_\_

REINSTATEMENT:

- Reinstate Employee  
 Reinstate Spouse  
 Reinstate Dependents (please list at left)  
 Break in Coverage - New Effective Date: \_\_\_\_\_  
 No Break in Coverage

Standard business hours are 9am to 5pm est weekdays, excluding holidays