

Paper Activation Form

Please fill out the following information to activate your Partnership Plan.

Alternatively, you can activate on the **Centivo app** (text "DOWNLOAD" to 65021 or visit your app store), on the Centivo member portal at my.centivo.com (note: this is a new URL), or by phone by calling the Centivo Concierge Team at **833-576-6490** from 8 am to 8 pm ET, Monday through Friday.

Employee First Name:

Employee Last Name:

Employee Date of Birth:

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Centivo Member ID:

Designated Primary Care Physician:

Please enter the four-digit code corresponding to your selected primary care physician and location. Note that some primary care physicians practice at more than one location — be sure to pick the location you intend to use.

Please fill out page 2 of this form to activate any dependents covered on your health plan, if applicable. Then sign below.

Attestation: I understand that I, along with any family members covered on my health plan, will need to coordinate all of my specialty care with my designated Centivo primary care network doctor — the doctor indicated by me on this form — by getting referrals in order to qualify for lower out-of-pocket costs beginning March 1st, 2020. If I don't use my designated primary care physician or if I go to a specialist without a referral, I understand that the care received will cost me more.

Employee Name (please print):

Employee Signature:

Date:

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Please download the Centivo app or visit my.centivo.com to create a Centivo account so that you can view your providers, see information on any referrals you've received, view claims details, access an electronic member ID card, and more.

Dependent 1

Dependent First Name:

Dependent Last Name:

Dependent Date of Birth:

Relationship to Employee:

Designated Primary Care Physician:

Please enter the four-digit code corresponding to your selected primary care physician and location. Note that some primary care physicians practice at more than one location — **be sure to pick the location you intend to use.**

Dependent 2

Dependent First Name:

Dependent Last Name:

Dependent Date of Birth:

Relationship to Employee:

Designated Primary Care Physician:

Please enter the four-digit code corresponding to your selected primary care physician and location. Note that some primary care physicians practice at more than one location — **be sure to pick the location you intend to use.**

Dependent 3

Dependent First Name:

Dependent Last Name:

Dependent Date of Birth:

Relationship to Employee:

Designated Primary Care Physician:

Please enter the four-digit code corresponding to your selected primary care physician and location. Note that some primary care physicians practice at more than one location — **be sure to pick the location you intend to use.**

If you have more than three dependents on your plan, please use an additional form.