

EMPLOYEE ENROLLMENT CHANGE/DELETION FORM

Department A
 Horizon Blue Cross Blue Shield of New Jersey
 P.O. Box 607
 Newark, NJ 07101-0607

1. Group Number: _____ 2. Group Name: _____ Group Health Plan Name: _____
(IF DIFFERENT THAN GROUP NAME)

I 3. Employee: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last First Middle </div>	4. Social Security Number	5. Reason for Transaction	6. Date of Termination	7. Date of Hire	8. Requested* Effective Date	9. Contract Type	10. Product Move
			Month/Day/Year	Month/Day/Year	Month/Day/Year		Current New
11. Address: _____ _____		12. Spouse/Dependent Address: _____ (If Different) _____					
		13. Employee Signature: _____					
II 3. Employee: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last First Middle </div>	4. Social Security Number	5. Reason for Transaction	6. Date of Termination	7. Date of Hire	8. Requested* Effective Date	9. Contract Type	10. Product Move
			Month/Day/Year	Month/Day/Year	Month/Day/Year		Current New
11. Address: _____ _____		12. Spouse/Dependent Address: _____ (If Different) _____					
		13. Employee Signature: _____					
III 3. Employee: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last First Middle </div>	4. Social Security Number	5. Reason for Transaction	6. Date of Termination	7. Date of Hire	8. Requested* Effective Date	9. Contract Type	10. Product Move
			Month/Day/Year	Month/Day/Year	Month/Day/Year		Current New
11. Address: _____ _____		12. Spouse/Dependent Address: _____ (If Different) _____					
		13. Employee Signature: _____					

See reverse for codes and instructions.
All fields are mandatory. The form will be returned if incomplete, causing a delay in processing.

I authorize _____ to transmit this enrollment transaction(s) on my behalf.
(Broker Name)

* Approval of requested effective date is subject to the Underwriting Rules and Regulations under the contract.

Group Administrator's Signature: _____ Date: _____

INSTRUCTIONS: EMPLOYEE ENROLLMENT CHANGE/DELETION FORM

This form is to be used to notify Horizon Blue Cross Blue Shield of New Jersey of the following types of changes to a group policy at the employee level: when **ADDING** a new employee, rehire, or reinstatement; when **CHANGING** an employee's contract type, i.e., from single to family; when **DELETING** an employee from the group; to change to **COBRA** or the Working Aged Provision (**TEFRA, DEFRA**) status of an employee or dependent; or when **MOVING** an employee from one health insurance product to another.

ADDING an employee

Complete fields 1, 2, 3, 4, 5 (identify reason for transaction: new hire, rehire, reinstatement), 7, 8, 9 (select appropriate contract code listed below), 11, and 13. **Attach completed and signed employee application form(s).**

CHANGING an employee's contract type

Complete fields 1, 2, 3, 4, 5 (identify reason for transaction: marriage, newborn, divorce, overage dependent), 8, 9, (select appropriate contract code listed below), 11, 12, and/or 13. **Attach completed and signed employee application form(s).**

DELETING an employee from a group

Complete fields 1, 2, 3, 4, 5 (note appropriate numeric code: 388 = general, 387 = death), 6, 11, 12, and/or 13.

COBRA/New Jersey Group Continuation/Working Aged Provision (TEFRA, DEFRA)/employee/spouse/dependent status change

Complete fields 1, 2, 3, 4, 5 (identify transaction: COBRA, TEFRA, DEFRA, New Jersey Group Continuation), 8, 9, 11, 12, and/or 13. **Attach completed and signed employee application form(s) when appropriate.**

MOVING an employee from one health insurance product to another

Complete fields 1, 2, 3, 4, 5 (indicate Product Move), 8, 9, and 10 (use the product codes listed below to indicate current product and new product). An employee application must be completed whenever the new product is Horizon HMO, Horizon POS, Horizon Direct Access or Horizon MSA.

Transactions (field 5)

Addition: new hire, rehire, reinstatement

Contract Type Change: marriage, newborn, divorce, overage dependent

Deletion: use code 388 for general, code 387 for death

COBRA

TEFRA

DEFRA

New Jersey Group Continuation

Product Move: i.e., Horizon PPO to Horizon POS

Contract Codes (field 9)

- | | |
|---|-----------------------------------|
| 1 | Single |
| 2 | Husband/Wife (both over/under 65) |
| 3 | Family (both over/under 65) |
| 4 | Husband/Wife (one over/under 65) |
| 5 | Family (one over/under 65) |
| 6 | Parent/Child(ren) |

Product Codes (field 10)

- | | |
|-----|--------------------------------------------------------------------------------------|
| H | Horizon HMO |
| POS | Horizon POS |
| DA | Horizon Direct Access |
| PPO | Horizon PPO |
| I | Indemnity (all other products such as PACE, Medallion Comprehensive Traditional A-E) |
| MSA | Horizon MSA |
| RX | Prescription |
| D | Dental |

Group Administrator's signature authorizes the Broker of Record to electronically transmit the information on this form to Horizon BCBSNJ.