


Plan Selection: <input type="checkbox"/> Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Gold CDHP <input type="checkbox"/> Silver CDHP <input type="checkbox"/> Not electing coverage for 1/1/18		District Name: Group/Account No.	
Social Security number (SSN):		Last Name:	
		First Name:	
Mailing Address (address change <input type="checkbox"/>):		City:	State: Zip code:
Contact No:		Email address:	
 Stop! All changes such as adding/removing dependents (birth, divorce, adoption), new enrollment, COBRA, etc. must be completed using a Group Enrollment/Change Form.			
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		Health coverage tier: <input type="checkbox"/> Employee only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child(ren) <input type="checkbox"/> Family	
Medicare eligibility: <input type="checkbox"/> I am enrolled in Medicare A and/or B <input type="checkbox"/> My covered dependent is enrolled in Medicare A and/or B			
Employee Signature:		Date:	

Note to Employees: This form should be returned to the Human Resources area of your district. This should not be returned to BCBSVT or VEHI.

Note to HR Representatives: This form is should strictly be used for capturing current enrollees January 1, 2018 plan selections. Please provide this information to BCBSVT via a secured spreadsheet using the Employer Resource Center at www.bcbsvt.com select Employer from the Log in options.

If you are currently enrolled in a Comprehensive Plan or the J Plan please identify a Primary Care Provider (PCP) below. If you enrolled on Vermont Health Partnership (VHP) today this information is not required, as it is already on file.

Member Name	PCP Name	Current Patient Y/N	National Provider ID No. (NPI)

To find a PCP and their NPI please visit: www.bcbsvt.com/findadoctor