

Instructions: This application allows you to enroll in a School District of Philadelphia (SDP) insurance plan(s), or to make certain changes if you are already a member. Carefully fill out the form and print clearly.

1 Employee Information

First Name									
Last Name									
Social Security Number									
Daytime Phone									

2 Reason for Application

Application Type

- 5+ Hour Student Climate Special Enrollment

3 Select a Plan Type

Medical Plans: *Select One*

- HMO-Keystone Health Plan East
 Waive Coverage

4 Covered Family Member Information

Complete all information for each person to be covered. You must provide documentation for each dependent. See back of application for a description of the required documents.

CHILD <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Med.	First Name	MI	Last Name
		Social Security Number	Gender M F	Date of Birth
CHILD <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Med.	First Name	MI	Last Name
		Social Security Number	Gender M F	Date of Birth
CHILD <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Med.	First Name	MI	Last Name
		Social Security Number	Gender M F	Date of Birth
CHILD <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Med.	First Name	MI	Last Name
		Social Security Number	Gender M F	Date of Birth

5 Signature and Verification- Read carefully and sign

Your application CANNOT be processed without your signature. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to employment, criminal and civil penalties.

Employee Signature _____

Date _____

INTEROFFICE
USE ONLY

EFFECTIVE DATE OF COVERAGE

DOCUMENTS/NOTES