



Crescent Health Solutions
 1200 Ridgefield Blvd, Ste 215 • Asheville, NC 28806
 Phone: 828-670-9145 • Fax: 828-670-9155

Group Benefits



Employer

Group Number Employer Name Div/Dept/ Subgroup

Employee Data

Last Name First Name Middle Ini DOB (MM/DD/YY) SSN or Member ID#

Employee Mailing Address City State Zip Phone Number

Hire Date (MM/DD/YYYY) **Gender** Male Female **Marital Status** Married Single Divorced Other

Dependent Data

Dependent Type	Last Name	First Name	MI	Male	Female	Date of Birth (MM/DD/YY)	SSN
Spouse							
Child 1							
Child 2							
Child 3							
Child 4							

-----COVERAGE----- -----BENEFIT----- -----ACTION-----

Person	Effective Date (MM/DD/YY)	Medical						AllyHealth	New Hire	Enroll / Add	Cancel/ Term	Change	Reason for Change
		\$1000 PPO	\$2500 PPO	MRP	MAXI	MAXI II	ACP						
Employee													
Spouse													
Child 1													
Child 2													
Child 3													
Child 4													

Other Coverage

Check if you or your Dependent(s) have other medical insurance. If yes, please attach a separate sheet with details.

Other coverage

Mailing Address Change

Effective Date of Change Address City State Zip

Employee Name Change

From: Last Name First Name MI

To: Last Name First Name MI

Effective Date of Change Reason for Change

Waiver of Group Benefits

I desire to waive the following benefits: (check all applicable)

Medical

My signature indicates I hereby decline the opportunity to enroll for group insurance benefits offered by my employer for my eligible dependents and myself. After careful consideration, I have decided NOT to take advantage of this offer. I also understand that if (at a later date) I desire to enroll for this coverage for myself and my eligible dependents, opportunities to join the plan will be limited according to the eligibility guidelines of my employer's benefit plan.

Signature

Date

Acknowledgment

Employee's Signature

Signature - Human Resources

Date

My signature above indicates I understand my election of coverage and does not automatically guarantee that coverage is in force. All eligibility and plan document requirements must be satisfied before coverage becomes effective.