

Town of Wayland

Benchmark Health Insurance Plans

ENROLLMENT FORM (No Change in Provider)

You may use this form if you choose to enroll in the Benchmark plan offered by the health plan in which you are now a subscriber:

Name of Present Health Plan: _____

___ NWB of NE RSP # _____ to NWB of NE Benchmark # _____

___ Harvard Pilgrim RSP # _____ to Harvard Pilgrim Benchmark # _____

___ Tufts Navigator RSP # _____ to Tufts Navigator Benchmark # _____

___ Fallon SelectCare RSP # _____ to Fallon SelectCare Benchmark # _____

___ Fallon DirectCare RSP# _____ to Fallon DirectCare Benchmark # _____

If you are changing health plans and you do not pick up an application at one of the informational sessions you must contact Donna Lemoyne at 508-358-3612 for an enrollment form for your new health plan.

Please fill in **all** the data below:

Subscriber Name: _____

Subscriber Social Security Number: _____

	Last Name	First & Middle Name	Date of Birth & Social Security #
Spouse			
Dependent			
Dependent			
Dependent			
Dependent			
Dependent			
Dependent			

By Signing below I understand that I am choosing to enroll in the Benchmark plan offered by my present Health Plan provider listed above effective January 1, 2017.

Subscriber Signature

Date

This form must be returned to Donna Lemoyne, in the Finance Office, at the Town Hall, no later than, Friday, November 4, 2016