



For enrollment in the Humana Group Medicare Advantage PPO plan, the Board of Pensions requests that you complete this form and return it to us at the address shown below. With your permission, the Board will automatically send your information to Humana for enrollment in the plan.

Personal information			
Name <i>(first, middle, last)</i>		Last 4 digits of SSN	
Mailing address			
Street address <i>(if different from mailing address)</i>			
City		State	ZIP
Phone	Email		
If you are not the member, complete:			
Member's name <i>(first, middle, last)</i>		Last 4 digits of SSN	

Enrollment for coverage			
Must sign Authorization Section before coverage is continued.			
I want to enroll for the Humana Group Medicare Advantage PPO plan. I am at least 65 years old or disabled and participate in Medicare Parts A and B.			
Medicare identification number			
I want to enroll as a <i>(check all that apply)</i>			
<input type="checkbox"/> Retired member <input type="checkbox"/> Spouse <input type="checkbox"/> Former spouse <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Terminated vested member			
List full name of all eligible family members to be covered including yourself. Use a separate sheet if necessary.			
Name <i>(first, middle, last)</i>			
Birth date	Relationship	Last 4 digits of SSN	
Medicare identification number			
Street address <i>(if different from the member's address)</i>			
City	State	ZIP	
<b>Note:</b> Each person must have Medicare Parts A and B to enroll. A copy of the Social Security Act Medicare Health Insurance card(s) must be included with this enrollment form.			

Authorization	
<b>Enrollment</b> I elect to enroll for coverage in the Humana Group Medicare Advantage PPO plan available to me through The Board of Pensions of the Presbyterian Church (U.S.A.). I understand that I may permanently terminate this coverage by sending in written notification. The termination date will be the last day of the month for the requested future termination date or the last day of the month in which the written termination request is received (no retroactive terminations will be permitted).	
Signature of member/subscriber <i>(required)</i>	Date <i>(mm/dd/yyyy)</i>
Signature of spouse <i>(if applicable)</i>	Date <i>(mm/dd/yyyy)</i>

Mail, fax, or email this completed form to: The Board of Pensions of the Presbyterian Church (U.S.A.)		
<b>Mail to:</b> 2000 Market Street Philadelphia, PA 19103-3298	<b>Fax to:</b> 215-587-6215	<b>Email to:</b> memberservices@pensions.org