SUBSCRIBER APPLICATION CHANGE FORM

GEISINGER CHOICE™
PPO with no Referral

Geisinger Quality Options, Inc.
100 North Academy Avenue
Danville, PA 17822-3029

Effective Date of Change ____/____/____

SUBSCRIBER

GROUP NUMBER | DIVISION NUMBER | INSURANCE I.D. NUMBER

LEGAL NAME (LAST) (FIRST) (M.I.)

ADDRESS (NUMBER) (STREET) (APT. NO.)

CITY | STATE | ZIP CODE

COUNTY

SOCIAL SECURITY NUMBER

CHANGES:

Check which change(s) apply:

- ☐ Adding Dependent(s)
- ☐ Name Change

_____
(Previous last name)

- ☐ Address Change
- ☐ New Home Telephone Number
  (____)_____

DISENROLLMENT

Check which reason may apply

☐ **SUBSCRIBER** OR ☐ **DEPENDENT**

- ☐ Termination of employment (TE)
- ☐ Lay off (LO)
- ☐ Leave of absence (LA)
- ☐ Reduction in work hours (RH)
- ☐ Retired (RT)
- ☐ Moved out of service area (OA)
- ☐ Deceased (DD) (Date of Death)___/___/___
- ☐ Personal preference (PP)
- ☐ Dissatisfaction with Plan (DI)
- ☐ Non payment of premium
- ☐ Selected other insurance (SO)
  - ☐ Open enrollment ___/___/___ (OE)
- ☐ Loss of dependent status (LS)

SUBSCRIBER AND DEPENDENT CHANGES (PLEASE PRINT OR TYPE)

CHECK ONE		LEGAL NAME				BIRTHDATE			RELATION-SHIP TO SUBSCRIBER	CHECK REASON (NOTE DATE)			SOCIAL SECURITY NUMBER	MEDICAL RECORD NUMBER
ADD	RE-MOVE	LAST	FIRST	MAIDEN NAME	M.I.	MO.	DAY	YR.		DATE OF MAR-RIAGE	DATE OF DIVORCE	OTHER CHANGE OF STATUS		

I HEREBY apply for amendment of my subscriber application.

IT is mutually agreed as follows: That these changes shall not become effective unless and until accepted by Geisinger Quality Options, Inc.. That this application for change in coverage will become a part of my original application and if accepted will be subject to THE TERMS OF A CERTIFICATE OR AGREEMENT in effect with Geisinger Choice PPO with no Referral.

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 criminal and civil penalties.

SUBSCRIBER SIGNATURE | DATE SIGNED | GROUP BENEFITS ADMINISTRATOR / GROUP NAME (if applicable) | DATE SIGNED

WHITE - GEISINGER QUALITY OPTIONS, INC. C/O GEISINGER CHOICE PPO WITH NO REFERRAL *YELLOW - EMPLOYER* *PINK - SUBSCRIBER*