

How to Complete the SCHOOLCARE Enrollment Form

Employee Instructions

Please

- *Print neatly.*
- *Use a pen with black or blue ink.*
- *If you make a mistake, USE WHITE-OUT or simply FILL OUT A NEW FORM.*
- *Use a zero with single digits (Ex. Use **01** instead of **1**).*
- *Do not write dashes or periods in any box. (All boxes must be blank or contain either a number, letter, or X if needed.)*
- *Do not cross out a section if it does not apply (just leave it blank).*

The following fields must be completed for every member to be covered under the plan:

Section B – Employee Information. Most of Section B is self-explanatory and should be completed in full unless noted otherwise in the instructions below.

PCP Number – Please refer to the Provider Directory, which can be obtained through your Administrative Office, or by calling 1-800-244-6224, or by logging on to www.cigna.com. Click on “Provider Directory.” Indicate whether you are an existing patient. Those enrolling in the Open Access Point of Service plan do not need to enter a PCP number.

Section C – Employee Coverage Options

Please select the SCHOOLCARE plan in which you wish to be enrolled. (i.e., HMO, Open Access POS, etc).

Section D – Other Health Care Coverage

Please indicate if you or any family members to be covered under your plan have other medical insurance. If so, complete this section.

Section E – Signatures

You must sign and date the application. After the employer has completed the rest of the enrollment form, make sure you make a copy for your own records.