

Individual Application Neighborhood Health Plan

<u>Name</u>	<u>Requested Effective Date (Mo./Day/Yr.)</u>
<u>Home Address (street, city, state, zip)</u>	<u>Telephone</u> ()
<u>Email Address</u>	<u>Fax</u> ()
<u>Billing Address (street, city, state, zip)</u> <i>If different than the home address</i>	<u>Cell phone</u> ()
Are you a resident of the Commonwealth of Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have insurance? If Yes, with whom?	

Plan Selection

2016 Plans Available as of 1/1/2016

<input type="checkbox"/> NHP Prime HMO (PD) 25/25 with \$5 Generic Rx	<input type="checkbox"/> NHP Prime HMO (PD) 1500/3000 25/40/150 with \$5 Generic Rx
<input type="checkbox"/> NHP Prime HMO (PD) 1000/2000 20/35 with \$5 Generic Rx	<input type="checkbox"/> NHP Prime HMO (PD) 500/1000 30/45 with \$5 Generic Rx
<input type="checkbox"/> NHP Prime HMO (PD) 2000/4000 25/40/150 with \$5 Generic Rx	<input type="checkbox"/> NHP Prime HMO HSA (PD) 1500/3000 with \$5 Generic Rx
<input type="checkbox"/> NHP Prime HMO HSA (PD) 2000/4000 with \$5 Generic Rx	

2015 Plans Unavailable after 1/1/2016

<input type="checkbox"/> NHP Prime HMO (PD) 25/25 CY	<input type="checkbox"/> NHP Prime HMO (PD) 1500/3000 25/40/150 CY
<input type="checkbox"/> NHP Prime HMO (PD) 25/40 CY	<input type="checkbox"/> NHP Prime HMO (PD) 500/1000 20/35—30% CY
<input type="checkbox"/> NHP Prime HMO (PD) 500/1000 20/35 CY	<input type="checkbox"/> NHP Prime HMO (PD) 2000/4000 25/40/150 CY
<input type="checkbox"/> NHP Prime HMO (PD) 500/1000 20/20 CY	<input type="checkbox"/> NHP Prime HMO (PD) 2000/4000 30/50 CY
<input type="checkbox"/> NHP Prime HMO (PD) 1000/2000 20/35 CY	<input type="checkbox"/> NHP Prime HMO HSA (PD) 1500/3000 CY
<input type="checkbox"/> NHP Prime HMO (PD) 1000/2000 25/40/150 CY	<input type="checkbox"/> NHP Prime HMO HSA (PD) 2000/4000 CY
<input type="checkbox"/> NHP Prime HMO (PD) 500/1000 30/45 CY	<input type="checkbox"/> NHP Prime HMO (PD) 1750/3500 50/80 CY
<input type="checkbox"/> NHP Prime HMO (PD) 1000/2000 30/45 CY	<input type="checkbox"/> NHP Prime HMO HSA 2000/4000 40/85 CY
<input type="checkbox"/> NHP Prime HMO (PD) 1500/3000 25/40 CY	<input type="checkbox"/> NHP Prime HMO HSA (PD) 2000/4000 50/75 CY

Certification

1. Premium payments are due on the 25th of each month for coverage effective the 1st of the next month.
2. Insurance coverage is subject to cancellation if payments are not received by the 1st of the month.
3. Payments not received by the 10th of the month are subject to a late fee, currently \$25.
4. Payments not received by the 20th of the month are subject to a pending termination fee, currently \$50.
5. Reinstatement of coverage terminated due to non-payment of premium is at the sole discretion of the carrier.
6. Checks returned for insufficient funds or other reasons will be charged a bad check fee, currently \$20.
7. HSA Insurance is a billing and enrollment agent and is not responsible for payment of claims on your behalf.

I certify that the information on this form is true and complete.

Signature _____	Print Name _____	Date ___/___/___
Broker name (if applicable) _____		
Address _____	Phone _____	- -
City _____	State _____	ZIP _____