

Scotch Plains-Fanwood Board of Education

Evergreen Ave & Cedar St
Scotch Plains, NJ 07076

Insurance Adjustment Form

Please Return to Melissa Burns in the Business Office

Name: _____ **SSN:** _____ **Effective Date of Change:** _____

Current Medical Plan:

- Horizon BC/BS PPO
- Horizon BC/BS POS

New Medical Plan:

- Horizon BC/BS PPO
- Horizon BC/BS POS

Current Health Coverage Type:

- Single
- Employee/Spouse
- Employee/Child: Number of Dependents _____
- Family:
Number of Dependents _____ (spouse is a dependent)

New Health Coverage Type:

- Single
- Employee/Spouse
- Employee/Child: Number of Dependents _____
- Family:
Number of Dependents _____ (spouse is a dependent)

Current Dental Plan:

- Single – Horizon BC/BS Dental
- Family – Horizon BC/BS Dental
Number of Dependents _____

New Dental Plan:

- Single – Horizon BC/BS Dental
- Family – Horizon BC/BS Dental
Number of Dependents _____

To Add/Remove Dependents, please list their name(s), social security number(s) and birthday(s) below:

Add Remove Name _____ SSN _____ DOB _____ POS: NPI# _____

Add Remove Name _____ SSN _____ DOB _____ POS: NPI# _____

Add Remove Name _____ SSN _____ DOB _____ POS: NPI# _____

Please note that if you are adding anyone to the Horizon BC/BS **POS** plan only, the Doctor's ID # must be listed for all members in the plan. These ID#s can be obtained by going to <http://www.HorizonBlue.com> and going to the "Provider Directory."

Signature: _____

Date: _____

For any assistance in filing out this form, please contact Melissa Burns at (908) 232-6161, ext. 4014.