

HMSA's Student Plan 19 Application

Enrollment Instructions

- 1** Fill in your name, phone numbers, mailing address, sex, and birth date.
- 2** Check "yes" if you have other medical coverage. Fill in the name of your other carrier.
- 3** Fill in your present or former HMSA subscriber ID.
- 4** Fill in your Social Security number.
- 5** Read the agreement, then sign and date the application form.
- 6** Fill in the name and address of your educational institution.

A completed USABLE Life beneficiary designation form, current class schedule showing full-time status, and a check or money order payable to HMSA for first quarter's dues must accompany your completed application.

HMSA's STUDENT PLAN 19 APPLICATION — INDIVIDUAL (PLEASE PRINT)



1 Full Name _____ Last _____ First _____ Middle _____	Phone Numbers Home: _____ Cell: _____ Work: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	For HMSA Use Only Member No. _____ C.D. _____ F.C. _____ Member Date _____ Effective Date _____ T.C. _____ Trans. Date _____ Group Number _____ Gp. Div. _____ BD Mode _____ Plan _____ Cont. _____ Other Cov. _____ Coverage _____ Code _____ Medical _____ MMER _____ Ref. # _____
Hawaii Mailing Address _____ Number and Street, or P.O. Box Number _____ City _____ ZIP Code _____	Birth Date Mo. _____ Day _____ Yr. _____		
2 Other Medical Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Carrier _____	3 My Present or Former HMSA Subscriber ID _____ 4 Social Security Number _____		
5 I understand that, if I am accepted as an HMSA member, I agree (a) to abide by the constitution, bylaws, and terms and conditions of the health plan, and (b) to provide information to HMSA about my treatment or condition. I also agree that HMSA shall set the date on which my health plan coverage shall begin and agree to abide by any waiting periods for this plan that must be satisfied before any benefits may be paid for specific illnesses, injuries, or conditions.	I certify that I am registered as a full-time student. I understand and agree that I am entitled to be enrolled in this student plan: (a) So long as I am between the ages of 19 through 24. (b) If I am a student in an educational institution (such as high school, an accredited college, junior college, university, trade school, business school, or industrial education center) recognized as such by the Association, and such enrollment as a student must be for not less than the minimum number of credit hours required by such educational institution to constitute enrollment as a full-time student. (c) And agree to the prepayment and re-certification terms of the plan.		
Applicant's Signature _____ Date _____	6 Name of institution I am attending on a full-time basis: _____ Address _____ City/State _____ ZIP Code _____		