REQUEST FOR FORMS

Please fill out **all applicable** sections completely and **print clearly in black or blue ink** in order for us to quickly and accurately process your request.
When placing document into fax machine, be sure to insert top of document (with Empire name) first.
This form is to be used for **FAX ONLY**. **No Cover Sheet** Required.
Please fax the **ORIGINAL FORM** (no photocopies) to **(800)780-1224.**

1. GENERAL INFORMATION — This section is required for all transactions

Group Number

Subgroup Number

GBA/Broker of Record Last Name

GBA/Broker of Record First Name

Fax Number(for receipt of confirmation)

GBA/Broker of Record Signature - To the best of my knowledge, all the statements/responses in this form are true and complete

2. REQUEST FOR FORMS

○ Broker (Must check box and requires completion of mailing address below)

○ GBA (if requested mailing address and/or GBA name is different from information on file for Group/Subgroup, check box and complete mailing address below)

COMPANY/Brokerage Name

GBA/Broker of Record Last Name

First Name

Address

Suite

City

State

Zip

Phone Number

Maximum order per form - 10-small groups; 25-large groups; 50-Brokers

QUANTITY	FORM NAME	QUANTITY	FORM NAME
	(ENRA) TERMINATION AND REINSTATEMENT		(ENRF) GROUP CONTACT REP CHANGE (small groups only)
	(ENRB) MEMBER ADDRESS CHANGE (not applicable for HMO Coverage)		(ENRG) GROUP BILLING INFO UPDATE (small groups only)
	(ENRC) MEMBER NAME CHANGE		(ENRH) GROUP INFO REQUEST
	(ENRD) MEMBER INFO REQUEST		(ENRJ) REQUEST FOR FORMS
	(ENRE) MEMBER PCP CHANGE		(ENR0296P1) ENROLLMENT/CHANGE FORM

ENRJ

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