OAKLAND UNIVERSITY WILLIAM BEAUMONT

ENROLLMENT FORM

☐ CORE HMO ☐ BUY UP HMO ☐ BUY UP PPO

Student Information

Student last name	First Name	Middle Initial	Social Security number	Gender ☐ Male ☐ Female

Street Address	City	State	Zip Code

Birth Date / /	E-mail address	Home/Cell phone ( )	Marital status ☐ Divorced ☐ Widowed ☐ Single ☐ Married

If you enroll in the CORE or BUY UP HMO plans, you must select a PCP. If you do not select a Primary Care Physician, one will automatically be assigned by Priority Health.

Primary Care Physician (PCP)	PCP address	Are you a current patient? ☐ Yes ☐ No

I am electing: ☐ CORE HMO ☐ BUY UP HMO ☐ BUY UP PPO

Family Information (Your spouse and eligible children you wish to enroll).

NOTE: If you do not elect a PCP for your family members one will automatically be assigned by Priority Health.

1 ☐ Spouse

Spouse last name	First Name	Middle Initial	Social Security number

Birth Date / /	Gender ☐ Male ☐ Female	Home/Cell phone ( )	E-Mail Address

Primary Care Physician (PCP)	PCP address	Are you a current patient? ☐ Yes ☐ No

2 ☐ Natural/ Adopted Child ☐ Stepchild ☐ Other

Family member last name	First Name	Middle Initial	Social Security number

School or family member's permanent address	City	State	Zip Code

Birth Date / /	Gender ☐ Male ☐ Female	Home/Cell phone ( )	E-Mail Address

Primary Care Physician (PCP)	PCP address	Are you a current patient? ☐ Yes ☐ No

3 ☐ Natural/ Adopted Child ☐ Stepchild ☐ Other

Family member last name	First Name	Middle Initial	Social Security number

School or family member's permanent address	City	State	Zip Code

Birth Date / /	Gender ☐ Male ☐ Female	Home/Cell phone ( )	E-Mail Address

Primary Care Physician (PCP)	PCP address	Are you a current patient? ☐ Yes ☐ No

4 ☐ Natural/ Adopted Child ☐ Stepchild ☐ Other

Family member last name	First Name	Middle Initial	Social Security number

School or family member's permanent address	City	State	Zip Code

Birth Date / /	Gender ☐ Male ☐ Female	Home/Cell phone ( )	E-Mail Address

Primary Care Physician (PCP)	PCP address	Are you a current patient? ☐ Yes ☐ No

OUWB School of MEDICINE
OAKLAND UNIVERSITY WILLIAM BEAUMONT

PriorityHealth

To be completed by OUWB School of Medicine		
Date of enrollment	Effective date of coverage	
Group Number 787792	Group Name OUWB School of Medicine	Group Phone (248) 370-2727
Reason: ☐ New Student ☐ Loss of coverage (submit proof) ☐ Open Enrollment ☐ Other _____		Network: HMO open Access or PPO
Plan Election: ☐ Core HMO ☐ Buy Up HMO ☐ Buy Up PPO		

Authorization	
Your signature is needed to let us know that you will abide by the Certificate of Coverage that applies to your coverage.	
Student Signature X_____	Today's Date
OUWB School of Medicine Representative Signature X_____	Today's Date

For internal use		
Contract Number	Initials	Date