

**ID CARD REQUEST FORM**

Date: \_\_\_\_\_

Please fax your request to the specific fax number below based on ID card(s) request:

IDA Fax #: 1-201-337-7454 - attention Ann Marie Cooney  
CBDI Fax #: 1.856.727.9796 - attention Tracy Park  
AmeriHealth Fax #: 1.215.657.3282 - attention Jamie Kelly or Pat Wrigley

From: Employer's Name: TOWNSHIP OF HADDON \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Unique Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Coverage Type: (Please Circle one) S H/W F P/C \_\_\_\_\_

Plan Enrolled In: \_\_\_\_\_

Network being Utilized: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Plan: \_\_\_\_\_ POS (M,RX,V)  
\_\_\_\_\_ PPO (M)  
\_\_\_\_\_ AmeriH65 (M,RX,D,V)  
\_\_\_\_\_ CMM (M/RX)

Number of Cards Requested: \_\_\_\_\_ Medical/RX  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Dental (Send Direct to Broker CBDI)\*  
\_\_\_\_\_ Vision (Direct to AmeriHealth - Davis Vision)\*

\* Note: The ID Cards for Dental for the POS are provided through the Broker CBDI; The ID Cards for the Dental for the AmeriH65 Plan are provided through IDA; ID cards for Vision (POS & AmeriH65) are provided through AmeriHealth & Davis Vision.

Please note that all Requested ID Cards will be sent to the Employer upon completion.