

**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.