



Instructions for: *Tufts Health Plan's* Member Enrollment Form

Employer Section will be completed by the SAHA office.

Member Section Product "D"

8-11 (self-explanatory)

12-16 Mailing Address: Massachusetts Address Only

17-19 (self-explanatory)

20 Type of Coverage: Check **Other** if purchasing Two-Person coverage and **write Two-Person** on the line. Two-Person may be student and spouse, student and child, student and same-sex domestic partner.

21 Primary Care Physician: To find a doctor:

Open www.tuftshealthplan.com (Must use Internet Explorer.)

See: Members - Doctor Search - Standard Network.

In Boxes 3 & 4, select your preferences, or search by name at top of page.

Telephone the physician's office to be sure they are accepting new patients.

Please clearly print the full name your primary care physician.

22 PCP ID#: Provider ID is listed first, when you click on a doctor's name. (6 digit number)

24-25 Phone numbers.

26 Fitness Center: Open www.tuftshealthplan.com (Must use Internet Explorer.)

See: Members – Doctor Search – Scroll down to 2nd box (Find a Provider by Type) - Fitness Centers and Boys & Girls Clubs

27 First Language.

28-33 Complete the entire line, only if purchasing Two-Person or Family coverage for your own spouse, partner, or children. Other family members are not eligible to be enrolled on your plan.

Bottom: Signature and date are required. (the left side)

Return Form to: Tufts University, SAHA Office
200 Harrison Avenue
Boston, MA 02111

Insurance questions: call 617-636-2701 or 617-636-2712 Mon-Fri. 9AM to 5 PM EST
www.tufts.edu/saha Fax: 617-636-2708