

**INSTRUCTIONS FOR *Tufts Health Plan's* MEMBER ENROLLMENT FORM**

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**EMPLOYER SECTION** - will be completed by the SAHA office.

**MEMBER SECTION - Product "D"**

**8-11** (self-explanatory)

**12-16 Massachusetts Mailing Address Only**

**17-18** (self-explanatory)

**19 TYPE OF COVERAGE:** Check **Other** if purchasing Two-Person coverage and **write** "Two-Person" on the line. Two-Person may be student & spouse/partner or student & child.

**20 PRIMARY CARE PHYSICIAN (to find a doctor)**

- 1) Go to [www.tuftshealthplan.com](http://www.tuftshealthplan.com)
- 2) See: Members → Doctor Search → Standard Network.
- 3) In Boxes 3 & 4, select your preferences, or search by name at top of page.
- 4) Call the physician's office to ask if they are accepting new patients.  
Please carefully print the full name your Primary Care Physician.

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

**22** Are you an established patient?

**23 PHONE NUMBER** (the best number to reach you)

**24** Leave blank.

**25** Leave blank. Once you join an affiliated fitness center, they will contact *Tufts Health Plan* for your membership information.

**26** Leave blank.

**27-32** Complete the entire line if purchasing Two-Person or Family coverage for your spouse, partner, or children. Other family members are not eligible.

**BOTTOM: Signature and date are required.** (left side of the form)

**PLEASE RETURN FORM TO: Tufts University, SAHA Office  
200 Harrison Avenue  
Boston, MA 02111**