

AmeriHealth Insurance
Company of New Jersey
AmeriHealth HMO, Inc.
Koll Corporate Plaza
485 Route 1 South
Building C, 3rd Floor
Iselin, NJ 08830-3037
732.726.6700 Tel
732.726.6750 Fax



LATE PAPERWORK FORM

Agents: If you are submitting group enrollment paperwork 14 calendar days (or less) prior to the group's effective date, this form should be filled out by the group administrator, signed and submitted with their complete paperwork to our Iselin office.

Group Name: _____

Address: _____

We the undersigned understand that we are requesting a coverage date that will put our enrollment paperwork in AmeriHealth's home office 14 days (or less) prior to our effective date, and that delivery of our I.D. cards and system activation may occur after our effective date.

Upon approval of our request for insurance, we acknowledge that delivery of our group I.D cards and system activation may occur after our effective date.

Name (please print): _____

Signature: _____

Date: _____