



Membership Application

All fields are required – Please fill out using black ink

Name of Business: _____ Group #: _____
To be completed by NovaSys Health

Desired Coverage: Employee Only Employee & Spouse Waive Coverage
(Group Only)*

**If checked, skip to Section V*

Section I. Household Information					
Name (Last, First, MI)	Date of Birth	Social Security Number	Sex (M/F)	Race	U.S. Citizen (Y/N)
Employee:					
Household Members – List your spouse and all dependent children who live with you and who are under age 19. Use additional pages as needed. This information is only used for household income; it does not qualify other household members for ARHealthNetworks. While dependents are not covered under this plan, this information MUST be completed to determine your household income/size.					
Spouse:					
Child:					
Child:					
Child:					
Child:					

If an adult is listed under household members, are the applicant and the adult legally married? Yes No

Section II. Demographic Information			
Street Address or P.O. Box		Home Telephone #	Work Telephone #
City	State	Zip Code	E-Mail Address

Section III. Member Information
Do you currently have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, from what source? _____ <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Medicare
Does your spouse currently have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If yes, from what source? _____ <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Medicare
Is your spouse offered medical benefits through the State of Arkansas or an Arkansas Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your spouse pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what day is the baby due? _____ If so, you may qualify for additional maternity benefits.
Primary language spoken in your household? _____

