



## E. Medicare Information

Medicare ID Number	Last Name	First Name	Gender

### **IMPORTANT INFORMATION BELOW - PLEASE READ CAREFULLY BEFORE SIGNING**

1) **All new enrollees** are required to submit the following (as applicable) :

- Marriage Certificate
- Affidavit of Domestic Partnership form (with attachments)
- Birth Certificate (s) of dependent child(ren)
- Court documents attesting to an adoption decree or appointment of legal guardianship
- Driver's License / Passport / Municipality ID / Military ID

2) **Authorization for automatic payroll or retirement pension deduction:** The CNMI Government, the NMI Retirement Fund, NMI Settlement Fund or any Autonomous Agency participating in the GHLI program is hereby authorized to make the required deduction from my bi-weekly salary, or if a retiree, my semi-monthly retirement pension to pay my portion of the premium.

**Additionally, I acknowledge that if I do not contribute for three (3) consecutive pay periods, coverage will be terminated automatically.**

3) **Certification, Acknowledgment and Authorization to release medical information:** I certify that the statements provided in this application are true and complete to the best of my knowledge and hereby authorize GHLI to verify information or statements provided by me in connection with this application. I understand that coverage is in effect on the date shown herein above. I hereby authorize any licensed physician, medical practitioner, or institution that has any records or knowledge of my or my Dependents' health to give to GHLI and/or its carrier, insurance company or re-insurer any such information for the purpose of applying and maintaining coverage. A photocopy of this authorization shall be valid as the original. This authorization is effective when I sign below and shall remain in effect as long as the carrier processes claims on my behalf.

Applicant's Signature:	Date:
Pacifica Insurance:	Date:
<b>APPLICATION DISPOSITION</b>	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> COMMENTS: _____	
Plan Administrator's Name/Signature:	Date: