

## HealthTrust Medical and/or Dental Application and Change Form Instructions

The HealthTrust Application form consists of three (3) pages. The first page is the instructions page. The second page is the main form, and the third page is for additional dependent information if all your dependent information does not fit on page 2.

**IMPORTANT:** You must be complete Steps 1, 3, 4 (if applicable) and Step 5 in order for your form to be accepted.

### Step 1 Section – Enrollee Information

1. Fill in your personal information (name, address, marital status, etc.)
2. Employer Name should be Pelham School District
3. Under the types of Coverage and Membership, you will check the appropriate box(es)
  - a. Medical – Options for Pelham are:
    - HMO-Access Blue New England (all groups) which consists of either:
      - AB20 or
      - AB15/40 IPDED – make a note when you email the form back to HR if you are electing the **deductible** plan.
    - HMO-Site of Service Access Blue New England (PESPA & Non-Affiliated only)
    - POS Blue Choice (PEA only)You will select single, two-person or family under the medical membership column.
  - b. Dental – Enter 1A in the Option Box and select single, two-person or family

### Step 3 Section – Enrollee and Dependent Information

1. Fill in the Enrollee and Dependent Name information. Be sure to include the full social security number and date of birth.
2. Select Gender
3. Select Medical and/or Dental under the Enrolled in Column as appropriate
4. For medical plans, you **must** provide your primary care physician (PCP) name, city and state in the last column.
5. For the PCP ID#, you can look that number up by logging onto [healthtrustnh.org](http://healthtrustnh.org) and clicking on the Medical button. This will bring you to the list of Directories. Select the appropriate medical plan you are electing and follow the instructions to Find a Medical Provider.

### Step 4 Section –Other Insurance Coverage


1. Complete for Other Medical Insurance Coverage Information as appropriate. Unless changing to another district-offered medical plan, this information is required.
2. Complete for Other Dental Insurance Coverage Information as required.

(continued on next page)

**Step 5 Section – Enrollee Signature – VERY IMPORTANT – Application cannot be processed without signature.**

1. Sign and date the form using Adobe’s signature feature.

**Adobe Acrobat Reader:**

- a. Select the  sign document icon from the tool menu.
- b. Click Add signature for the create signature box to display.
- c. Type or draw your signature.
- d. Press Apply.
- e. You will be brought back to the form with the signature hovering. Place the signature on the line and left click.
- f. Go to the date field and enter the date.
- g. Save the PDF with your first and last name
- h. Email the form to [kkelley@pelhamsd.org](mailto:kkelley@pelhamsd.org) with a subject line of “HT Application”.

**Adobe Acrobat Pro:**

- a. Select ‘Sign’ from the top right menu.
- b. Click Add signature for the create signature box to display.
- c. Click Place Signature.
- d. Choose Type my signature or Draw Signature from the drop-down menu.
- e. Review Your Signature
- f. Press Accept.
- g. You will be brought back to the form with the signature hovering. Place the signature on the line and left click.
- h. Go to the date field and enter the date.
- i. Save the PDF with your first and last name
- j. Email the form to [kkelley@pelhamsd.org](mailto:kkelley@pelhamsd.org) with a subject line of “HT Application”.

**Chromebook Users:**

Please refer to the YouTube Video to see how to complete your Application.

[Completing HealthTrust Application Video](#)

Note: If you are using a different version of Adobe, search for “sign” or “signature” to find out how to sign the form.