



Health Solutions

Religious Medical Trust

1205 Windham Parkway

Romeoville, IL 60446

800.807.0100 / 630.378.2505 fax

Member Enrollment/Reinstate Form

Please fax to Billing and Eligibility Service at 630.378.2505 or send an email to HealthEnrollment@CBServices.org.

Date	From	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Religious Order Number	Sub-Location Number	Religious Order Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Member's Legal Last Name	Middle Initial	Member's Legal First Name	Member's Religious Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth	Sex	Home Address
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>

City	State	Zip Code +4	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Member Effective Date	Reinstated Member Effective Date
<input type="text"/>	<input type="text"/>

Medicare Information (A copy of the Member's Cards are required)

Medicare A, B and D Medicare A, B and D due to Disability (if under 65)