

2016 Employer Open Enrollment Form

Policy Number: _____

Business Name: _____

DBA (if applicable): _____

Contact Name: _____
First (printed or typed) MI Last (printed or typed)

Phone Number: _____ Extension: _____

E-mail Address: _____

No. of Employees: _____

County(-ies) of Operation: _____

MCO Selected: **University Hospitals CompCare**

MCO Number: **10052**

Signature: _____ Date: _____

Title: _____

****Please fax this completed form to Gena Nathanson at CRM, 216-901-0067****

All forms must be received by 5:00 PM EST, Thursday, May 26, 2016

Disclaimer: Employer's Right to Select

An Employer may select any MCO that meets its individual needs during open enrollment periods.

Selection of the MCO is solely the choice of the employer