DetegoHealth
Discover A Better Plan

866-815-6001
customersupport@chcquotes.com
detegohealth.com
759 N 114th Street # 300, Omaha, NE 68154

Member First and Last Name

Account Number

Open Enrollment Selection Form

SECTION 1 - EMPLOYEE INFORMATION					
First Name	Last Name	Date of Birth	Gender -	Social Security #	Marital Status -
Home Address		City	State	Zip Code	County
Home Phone	E-Mail Address				

Current Plan: -

New Plan Selection: -

Complete the information below to add a spouse, or dependents under the age of 26.
Please note, to add a dependent child, you must be the legal guardian.

Name	Relationship	Date of Birth	Gender	SSN (Required)
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	

Please email your completed form to customersupport@chcquotes.com

Signature

Date