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| Dependent Child | | | | | | | | | | | |
| Coverage Status | Child of | | Tobacco Use | Race | | | | | | | |
| Enroll  Remove | Mine/Spouse  Domestic Partner | | No  Yes | Asian  Hispanic/Latino  White/Caucasian | | | Black/African American  American Indian/Alaska Native  Native Hawaiian/Pacific Islander | | | | |
| Social Security Number | | Last Name | | | First Name | | | Birth Date | | | Gender |
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| Address (if different than member) | | | | | | City | | | State | Zip | |
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| Medical Primary Care Provider Name & Address (for SmartChoice enrollment only) | | | | | | | | | | | |
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| Dependent Child | | | | | | | | | | | |
| Coverage Status | Child of | | Tobacco Use | Race | | | | | | | |
| Enroll  Remove | Mine/Spouse  Domestic Partner | | No  Yes | Asian  Hispanic/Latino  White/Caucasian | | | Black/African American  American Indian/Alaska Native  Native Hawaiian/Pacific Islander | | | | |
| Social Security Number | | Last Name | | | First Name | | | Birth Date | | | Gender |
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| Address (if different than member) | | | | | | City | | | State | Zip | |
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| Medical Primary Care Provider Name & Address (for SmartChoice enrollment only) | | | | | | | | | | | |
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| Dependent Child | | | | | | | | | | | |
| Coverage Status | Child of | | Tobacco Use | Race | | | | | | | |
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| Social Security Number | | Last Name | | | First Name | | | Birth Date | | | Gender |
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| Address (if different than member) | | | | | | City | | | State | Zip | |
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