



EMPLOYER (GROUP) NAME Moravian College		GROUP NO. † 51093000001 -- Basic † 51093000099 -- Basic COBRA † 51093000002 -- Enhanced † 51093000098 -- Enhanced COBRA			
EMPLOYEE LAST NAME	FIRST	MI	DATE OF BIRTH		
STREET ADDRESS		CITY		STATE	ZIP

--	--	--	--	--	--

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.