

## ID Card Request

To request an ID card for the Subscriber, click on ID Card Request.

**Eligibility**

View/Print ID Card → **ID Card Request** Subscriber Changes Dependent Changes

< Back Print View

**Sam Jones**

View all family members

**Member Info**

Name: Sam Jones	Member ID: 6666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City
Group Number: 300	DOB: 01/05/1962	Plan: GH	

**Coverages**

Coverage Type	Plan Name	Coverage Dates
	VISION	01/01/2024 - Active
	DENTAL	01/01/2024 - Active
	MEDICAL	01/01/2024 - Active

Next, complete the required fields and click submit.

**ID Card Request**

Use this form to order an ID card for a member.

Note: ID cards will always have the Subscriber name and number on them (even for dependents) - Member will receive 2 ID cards.

SubGroup Number  
300

Subscriber Number  
6666666600

Subscriber First Name  
Sam

Subscriber Middle Initial  
J

Subscriber Last Name  
Jones

Subscriber Address 1\*  
4161 E 96th St

Subscriber Address 2  
Ste 101

Subscriber City\*  
Indianapolis

Subscriber State\*  
IN

Subscriber Zip Code\*  
Format: 99999  
46240

Submit