

Navigate Everence Enrollment

For health plan documents



Return this completed form to Groupcare at Everence, groupsales@everence.com or P.O. Box 483, Goshen, IN 46527.

Organization information

Organization _____ Date _____

Address _____
Street City State ZIP

User's information

Name _____ Preferred first name _____
First Middle Last

Title _____

Email address _____

Identifying information: Social Security number (last four numbers) _____ Birth date _____
(Required to confirm a user's identity for future inquiries and to keep your plan's information private and safe.)

Access to Navigate Everence

Navigate Everence offers online access to account and other information your group has with us. Please check which categories of plan information the staff person needs access to: Eligibility Billing Claims

Name of authorized signer _____ Date _____

Internal use only

Group Client ID # _____

Individual Client ID# _____

Everence

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T: (574) 533-9511