

Horizon Neighbors in Health: Education Works

Enrollment Form

Horizon Neighbors in Health: Education Works wants to help you get the tools and information you need to get your high school equivalency diploma.

To enroll, you must:

- Be a current member of Horizon NJ Health
- Have a valid photo ID card, such as driver's license or state ID card
- Be 18 years of age or older
- Not have a high school diploma or equivalent
- Not be enrolled in an accredited high school

Submit your completed form by:

MAIL

Horizon NJ Health
Attn: Sandy Estrada
1700 American Blvd.
Pennington, NJ 08534

WEB

horizonNJhealth.com/EducationWorks

EMAIL

EducationWorks@HorizonBlue.com

Are you a current member of Horizon NJ Health? Yes No

Member ID: _____

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Gender: _____ Date of birth: _____ Age: _____

Race or ethnicity: _____ Primary language spoken: _____

What is the last grade of school you finished? _____

Are you in school now? _____ If so, where? _____

Have you ever attended a high school equivalency diploma program? _____

If so, where? _____

Are you currently attending a high school equivalency diploma program? _____

If so, where? _____

To give you the right support, list any past challenges you've faced for getting a high school equivalency diploma. _____

Signature: _____ Date: _____

For more information, call **1-800-682-9094 x52076 (TTY 711)**,
Monday through Friday, from 9 a.m. to 5 p.m., Eastern Time,
or visit horizonNJhealth.com/EducationWorks.



ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-682-9090** (TTY **711**). This document is also available in other languages, as well as other formats, such as large print and Braille.

Horizon NJ Health complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para ayuda en español, llame al **1-800-682-9090** (TTY **711**).

Chinese (中文): 如需中文協助, 請致電 **1-800-682-9090** (TTY **711**)。

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