



Healthcare for Uninsured Kids and Youth

# HUSKY Health Plan and PCCM Enrollment Form

You can use this form to choose a new health plan or Primary Care Case Management (PCCM) for your family members. If you have questions or would like help filling this out, please call **1-800-511-6874**.

**1. Applicant Information:** The person enrolling the family members (head of household) fills out this section. **If we have questions, we may need to reach you. Please be sure to give us the best phone number where we can reach you during the day.**

First name	Middle Name	Last Name	<b><u>DAYTIME Telephone #</u></b>		
Mailing Address	Apt #	City/Town	State	Zip	Evening Telephone #
Head of household Social Security Number (optional)		<b><u>Head of Household ID Number</u></b>			

**2. Health Care Option Choice:** Below are the options your family members can join.

**Please select one choice for your family:**

- Aetna Better Health
- AmeriChoice by UnitedHealthcare
- Community Health Network
- Primary Care Case Management (PCCM)

**3. Please include the reason for your change:**

- I am in BlueCare Family Plan or Traditional Medicaid and I need to change
- I am in another health plan and I want to change (*optional: please include reason for change below*)

**4. Choosing a Primary Care Provider (PCP):** Include the name of each family member and the name and address of the Primary Care Provider (PCP) you choose for that member. Be sure the PCP is available in the health plan you choose. For PCCM, you need to choose a PCCM participating PCP for each family member in HUSKY so we can process your enrollment. Attach a sheet of paper if more space is needed.

If you have any questions, call **1-800-511-6874**.

Name of Family Member First, MI, Last	Social Security Number	First and Last Name of PCP	PCP's Address or Town	Existing patient of this PCP?
1.				Yes / No
2.				Yes / No
3.				Yes / No
4.				Yes / No
5.				Yes / No

**This form cannot be processed without your signature. Please sign and date it below.**

**5. Signature:**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**Return this form to: HUSKY PROGRAM P.O. Box 280747 East Hartford, CT 06128-0747  
OR fax it to 860-282-5579**