



Healthcare for Uninsured Kids and Youth

# HUSKY/Charter Oak Health Plan Enrollment Form



You need to choose a Health Plan for your family members. If you have questions or would like help filling this out, please call **1-800-656-6684**.

**1. Applicant Information:** The person enrolling the family members fills out this section.

First name	Middle Name	Last Name		DAYTIME Telephone #	
Mailing Address	Apt #	City/Town	State	Zip	Evening Telephone #
Address to mail premium invoices (if different from above)	Apt #	City/Town	State	Zip	Alternate Phone #
Applicant Social Security Number (optional)			Head of Household ID Number		

**2. Health Plan Choice:** Below are the health plans your family members can join.

**Please circle your choice:**

**Aetna Better Health ♦ AmeriChoice by UnitedHealthcare ♦ Community Health Network**

**3. Please check one:**  New enrollment  Change of Health Plan *(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. Attach a sheet of paper if more space needed.

If you have any questions, call **1-800-656-6684**.

Name of Family Member First, MI, Last	Social Security Number	First and Last Name of PCP	PCP's Address or Town
1.			
2.			
3.			
4.			
5.			

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

**5. Declaration/Signature:** I agree to pay the health plan premium (if required) and applicable co-payments in accordance with the plan's payment rules. I understand that if I do not pay the required premium, my family member(s)' health care coverage in their health plan will be canceled.

Signature of Applicant

Date

**Return this form to: HUSKY/Charter Oak P.O. Box 280747 East Hartford, CT. 06128-0747**