

Group Change Form

Complete this form using black ink only.

Please indicate type of action requested: Add Change Drop

Mail or fax to 970-263-5507

Subscriber Name: Last		First	MI	Social Security #:	
				Member ID#:	
Employer:			Date of Birth: / /		

Changes to Existing Health Plan

Address Change: Street		City	State	Zip	Phone: Home ()	Phone: Work ()
Name Change: From			To:			

Plan Change — Change Coverage To:

Coverage Option: Single Employee+Spouse Employee+Child(ren) Employee+Spouse+Child(ren)

Change Plan To (Name of Plan): _____ Rx Plan: Brand Generic Only (N/A with HSA)

Good Health National Access (for any employees/dependents residing outside Colorado) Add Drop Effective date: _____

Dependent Only Add / Drop Information

Add*	Drop	Date	Last Name	First Name	MI	Social Security #	Sex M/F	Date of Birth MM/DD/YY	Relationship to Subscriber	Primary Care Physician Name and / or Physician ID#

* A request to add a dependent must be received by RMHP within 30 days of the qualifying event, except that a request to add a dependent due to loss of Medicaid or Child Health Plan coverage must be received within 90 days of the loss of coverage. Adding dependents age 19 and older on small employer group plans with fewer than 51 employees requires a copy of certificate of creditable coverage provided by previous carrier or other acceptable proof.

Reason for Addition of Dependent

Marriage — If adding new spouse, give date of marriage: _____

Newborn child — Give date of birth: _____ Newborn's hospital discharge date: _____

Adoption or placement for adoption. Give adoption or placement date and submit adoption documentation: _____

Court ordered coverage for dependent(s) — Give date of court order and submit court order documentation: _____

Employer group open enrollment

Dependent lost prior coverage — (Please submit proof of loss of coverage, i.e., HIPAA Certificate of Creditable Coverage, or other acceptable proof)

Type of coverage lost: Employer group Child Health Plan Medicaid Other _____ Date coverage was lost: _____

Reason for loss of coverage:

Reduction in hours Termination of employer contribution toward coverage

Involuntary termination of prior coverage Termination of employment or loss of eligibility Other: _____

Reason for Drop / Disenrollment of Dependent

Dependent no longer meets dependent child eligibility requirements Death of dependent — requires copy of death certificate

Enrolled in other health coverage; please designate: Group Coverage Individual Coverage Other _____

Divorce / Legal Separation; please provide forwarding address Cannot afford coverage

Address of Disenrolled Dependent:

Name: _____ Street: _____ City: _____ State: _____ Zip: _____

Is this a drop request for a dependent child whose coverage is required by a court or administrative order? Yes No If Yes, attach proof of other coverage.

- I agree that enrollment, eligibility, coverage, and benefits in my health plan are subject to applicable policies and requirements and to all terms of the applicable contract for my health plan.
- I agree that the above information is true, and I authorize the above change.

Subscriber Signature	Date
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**Patient Protection and Affordable Care Act Group Notices
for Rocky Mountain Health Plans (“Your Plan”)**

- I. Your Plan may require the designation of a primary care provider (PCP). A Member has the right to designate any PCP who participates in RMHP’s network and who is available to accept the Member as a patient. If required, until a Member makes this designation, a PCP will be designated for the Member. For information on how to select a PCP, and for a list of the participating PCPs, contact customer service at 970-243-7050 or 800-346-4643. For children, a pediatrician may be designated as the PCP. A Member does not need prior authorization in order to obtain access to obstetrical or gynecological care from a health care professional in RMHP’s network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact customer service at 970-243-7050 or 800-346-4643.

- II. Individuals who are dependents of eligible employees, are under twenty six (26) years of age, and who were not previously eligible due to age, marital status or financial independence, may now be eligible to enroll during either Your Plan’s Special Open Enrollment Period or the group’s Annual Open Enrollment Period. If such individuals are now eligible, they will be eligible for coverage until they turn twenty six (26) years of age. The Special Open Enrollment period is September and October, 2010 for either an October 1 or November 1, 2010 effective date.