



Healthcare for Uninsured Kids and Youth

HUSKY A Health Care Option Enrollment Change Form

You can use this form to choose a new HUSKY A health care option 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 (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	Head of Household ID Number		
Daytime Telephone #		Evening Telephone	Cell Phone Number		
Mailing Address		Apt #	City/Town	State	Zip

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 of Connecticut
- HUSKY Primary Care (Connecticut's Primary Care Case Management, or PCCM, program)

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

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. Please choose a PCP regardless of which option you choose above. Be sure the PCP is available in the option you chose. **If you choose the HUSKY Primary Care option,** you need to choose a participating PCP for each family member in HUSKY A so we can process your enrollment. If you have any questions, call **1-800-656-6684**.

Attach a sheet of paper if more space is needed.

Name of Family Member First, MI, Last	Client ID 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
6.				Yes / No

Please sign and date this form 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**