



Healthcare for Uninsured Kids and Youth

Questions, call 1-800-656-6684 — TDD 1-800-410-1681

# HUSKY A Health Plan Enrollment Form

You need to choose a HUSKY A Health Plan. Everyone in your family who is covered under HUSKY A will receive services from this plan. Carefully review the HUSKY A brochure that was sent with this form. If you have questions, would like help filling out this form, or would like to enroll over the phone call **1-800-656-6684**.

## 1. Client Information

First name	Middle Name	Last Name	Telephone #s where you can be reached (need two phone numbers) DAY _____ EVE _____		
Home Address		Apt #	City/Town	State	Zip
Mailing Address (if different from above)		Apt #	City/Town	State	Zip
Client Social Security Number			Client ID Number		

**2. Health Plan Choice:** These are the HUSKY A health plans you can join -- circle your choice.

- BlueCare Family Plan ♦ Community Health Network**  
**Preferred One ♦ Health Net (formerly PHS Health Plans)**

**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 person and the name and address of the Primary Care Provider (PCP) you choose for that person. Be sure the PCP is available in the HUSKY A health plan you choose for your family. Attach a sheet of paper if more space needed.

Family Member First & Last name	First and Last Name of the PCP	PCP's Address or Town
1.		
2.		
3.		
4.		

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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