



Healthcare for Uninsured Kids and Youth

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

HUSKY B Health Plan Enrollment Form

You need to choose a HUSKY B Health Plan for your child/children. Carefully review the HUSKY B brochure that was sent with this form. If you have questions or would like help filling this out, please call **1-800-656-6684**.

1. Applicant Information: The person enrolling the child/children fills out this section.

First name	Middle Name	Last Name		DAYTIME Telephone #		
Home Address		Apt #	City/Town	State	Zip	Evening Telephone #
Mailing Address (if different from above)		Apt #	City/Town	State	Zip	Alternate Phone #
Applicant Social Security Number (optional)			OFFICIAL USE ONLY: AU Number			

2. Health Plan Choice: These are the HUSKY B health plans your child/children can join, please circle your choice.

BlueCare Family Plan ♦ Community Health Network ♦ Preferred One

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 child and the name and address of the Primary Care Provider (PCP) you choose for that child. Be sure the PCP is available in the HUSKY B health plan you choose for your child/children. Attach a sheet of paper if more space needed. If you have any questions, call **1-800-656-6684**.

Name of Child First, MI, Last	Child's Social Security #	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 HUSKY B 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 child/children's health care coverage in their HUSKY B health plan will be canceled.

Signature of Applicant

Date

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