

Health Alliance Northwest Individual Plan Change Form



If you have any questions, please contact your agent, or call 1-877-750-3517, Monday through Friday, 8 a.m.–5 p.m.

After completing the form, please return it by using one of the options below:

Email

individualenrollment@healthalliance.org

Fax

217-902-9755, ATTN: Health Alliance Northwest Individual Enrollment

Mail

Health Alliance Northwest
ATTN: Individual Enrollment
3310 Fields South Drive
Champaign, IL 61822

Outside the open enrollment period, you must have a qualifying event to apply for coverage and submit the Special Election Period (SEP) attestation form with your application. You may be required to provide documentation to support the qualifying event.

Section A: Member Information

_____	9	4										-			
Policyholder Name	Member Number														

Required: Primary Care Physician (PCP)
Are you an established patient? Yes No

_____	9	4										-			
Dependent Name	Member Number														

Required: Primary Care Physician (PCP)
Are you an established patient? Yes No

_____	9	4										-			
Dependent Name	Member Number														

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_____	9	4										-			
Dependent Name	Member Number														

Required: Primary Care Physician (PCP)
Are you an established patient? Yes No

Note: Your member number is on the front of your Health Alliance Northwest ID card. Member numbers start with 94.



Required Information

In the last 6 months, has the policyholder or any dependent(s) used any tobacco product at least 4 times a week (such as cigarettes, snuff, chewing tobacco or any nicotine substitution product)? Yes No
If yes, indicate who: Policyholder Spouse/Civil Union Spouse Dependent Children

Section B: Plan Selection

Please choose one plan.

Summit Plan Name	
Summit HSA 6500 Bronze	<input type="checkbox"/>
Summit 5500 Bronze	<input type="checkbox"/>
Summit 4100 Silver	<input type="checkbox"/>

POS Plan Name	
POS 1500 Gold	<input type="checkbox"/>

Section C: Signature and Date

Policyholder Signature _____ Signature Date _____

I agree that the typed name above shall be treated as a valid signature for all purposes of this form.

↓ FOR OFFICE AND BROKER USE ONLY ↓

Agent Name: _____

Agency: _____