ROCKY MOUNTAIN HEALTH PLANS®

Underwritten by Rocky Mountain HMO (RMHMO)

6J

Individual Plan Change Form

Subscriber Name:_____ Member ID #:_____
Address: _____ County: _____
City: _____ State: _____ Zip:_____
Phone Number: _____ Email:

_____

Requested Effective Date of Change*: _____

Outside of Open Enrollment, a request to make a plan change must be received in accordance with the rules on the attached Special Enrollment Period (SEP) Guidelines. Please select your plan choice by checking the box below, and check the box next to your Qualifying Life Event (QLE) on the attached guidelines. Please note there can be only one plan selection per family.

Rocky Mountain Monument Health HMO – Tiered Regional Network Offered in Mesa County		
☐ HMO Gold $1000/$2500	☐ HMO Silver $3500/$5000 ☐ HMO Silver $4000/$5500 ☐ HMO Silver HSA $4500/$6500	☐ HMO Bronze $6500/$7500 ☐ HMO Bronze HSA $6500/$6550

If you need to add or drop a dependent from your plan, please complete the chart below.

Dependent Add*						
Last Name	First Name	MI	Date of Birth	Gender: M/F	Social Security #	Relationship to Subscriber
			/ /			
			/ /			
Dependent Drop						
Last Name	First Name	MI	Date of Birth	Gender: M/F	Social Security #	Relationship to Subscriber
			/ /			
			/ /			

***Please select your QLE on the attached SEP Enrollment Guidelines. Please note the timelines to apply and required documentation. RMHP must receive documentation to validate your eligibility for an SEP in order to add a dependent or change your plan.**

The undersigned individually and on behalf of the undersigned's dependents agrees as follows:

- 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 and authorize the above changes to my current RMHP policy. I agree to continue to pay the premium on my current RMHP Individual Health Care Plan while this plan change request is processed.

Signature:_____ Date:_____

Attn: Individual Sales – Rocky Mountain Health Plans, PO Box 10600, Grand Junction, CO 81502-5600
Phone: 800-453-2981, Option 4 Email: individualsales@rmhp.org Fax: 970-244-7992

Colorado law requires carriers to make available a Colorado Supplement to the Summary of Benefits of Coverage, which is intended to facilitate comparison of health plans. The form must be provided automatically within seven (7) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within seven (7) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies