



# Change Request Form

Return to: CHIP Program  
P. O. Box 1460  
Little Rock, AR 72203  
(800) 285-6477

**Important:** Complete any applicable sections in ink, and sign and date at bottom of page.

*\* indicates required information*

\* ID Number: \_\_\_\_\_

\* Full Name: \_\_\_\_\_  
*Last First M.I.*

### NAME CHANGE:

**Important:** If changing name, please indicate new name above.

Change my name from: \_\_\_\_\_ to: \_\_\_\_\_

### ADDRESS CHANGE:

**New Address:**

Address: \_\_\_\_\_  
*Mailing Address or P.O. Box*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

### TOBACCO USE CHANGE:

**Change my Tobacco Use status to:**

- Tobacco User
- Non-Tobacco User (must attach a letter from your Physician stating that you have not used tobacco in the last 12 months)

### BILLING METHOD CHANGE:

**Change my billing method to:**

- Quarterly
- Monthly Bank Draft (must attach a completed Pre-Authorized Bank Draft Form and voided check)

### DEDUCTIBLE CHANGE:

**Choose one option below to change your deductible:**

- Increase Annual Deductible to \$1,250 (HSA-Qualified Plan).
- Increase Annual Deductible to \$5,000.
- Increase Annual Deductible to \$10,000.
  
- Decrease Annual Deductible to \$1,000.
- Decrease Annual Deductible to \$1,250 (HSA-Qualified Plan).
- Decrease Annual Deductible to \$5,000.

Deductible increases received before the 15<sup>th</sup> of the month will become effective the 1<sup>st</sup> of the next month.

Deductible decreases can only be made effective January 1<sup>st</sup> of any year. Submit requests by December 15<sup>th</sup> to decrease your deductible.

### CANCEL COVERAGE:

**Check box and fill in date of desired cancellation:** (Note: CHIP can only cancel policies on the last day of the month.)

Cancel my CHIP Policy effective: \_\_\_\_\_

Reason for cancellation:  Medicare - Effective \_\_\_\_\_  Other Reason \_\_\_\_\_  
 Other Insurance - Effective \_\_\_\_\_

### SIGNATURE AND DATE:

\* Signature of Policyholder **X** \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
\*If policy for a minor or incompetent **X**