MOUNTAIN HEALTH CO-OP

Change of Status for Off Exchange Individual Coverage

Primary Member Information

First Name	Middle Name	Last Name
Date of Birth (mm/dd/yyyy)	**SSN or MHC Member ID**	**Daytime Phone**

Member or Dependent(s) Cancellation – list all members being cancelled

First Name	Last Name

Effective Date of Cancellation – will be last day of the month

Member or Dependent(s) Addition

First Name	Last Name	Date of Birth (mm/dd/yyyy)	Gender
			☐ Male ☐ Female
Social Security Number	Relationship to Member ☐ Spouse/ Domestic Partner ☐ Dependent Child		Tobacco User ☐ Yes ☐ No

What is the qualifying event for this Addition?

☐ Marriage/Divorce ☐ Birth/Adoption ☐ Relocation to a new ZIP code, county, or state ☐ Change in income ☐ Changes to citizenship or immigration status ☐ Loss of other coverage (e.g. employer coverage, Medicaid or CHIP, COBRA Expiration) ☐ Release from incarceration ☐ Return from Military Service ☐ Other _____

☐ Effective Date of the above change [mm/dd/yyyy] _____

Name Change

Old Name	New Name

Address/Phone/Email Change

New Mailing Address Street or P.O. Box, City, State, Zip

New Billing Address *(if different from mailing)* Street or P.O. Box, City, State, Zip

New Email Address *(new email address required if primary member is being cancelled/removed from policy)*

New Phone Number

Billing Change (Select All That Apply)	
☐ **Billing Address Change** *Complete billing address change on page 1.*	☐ **Electronic Billing to Paper Billing** *Complete billing address change on page 1.*
Authorization Signature of Change	
I authorize MHC to make the changes to my policy as indicated above. The effective date for the changes or cancellation of family members will be assigned by MHC.	
Signature of Member	
Signature of Guardian if under 18 years of age	

***On Exchange changes must be submitted directly to the Marketplace for Montana members or YHI for Idaho members.**

Submit Off Exchange Change Forms To:

Mail:	Mountain Health CO-OP PO Box 5358 Helena, MT 59604
Fax:	406-513-1045
Email:	enrollmentbilling@mhc.coop