Family Selections and Consent Form

RETURN BY APRIL 18, 2008

Please complete the following information. If you need more space, use the back of this page. If there are other people (like a family member or friend) who are helping you make your decision and you'd like them to talk to FHIAP for you, **you must sign the Consent Form on the back of this page**.

Please list all family members **age 19 or older** and tell us what they want to do:

Name	I will stay with my health plan and call my insurance company to pay the full premium	Enroll me in OHP Standard benefit package, starting June 1, 2008
______________________________	☐NU	☐NU
______________________________	☐NU	☐NU
______________________________	☐NU	☐NU
______________________________	☐NU	☐NU
______________________________	☐NU	☐NU

Please list all family members **below the age of 19** and tell us what they want to do.

Name	Child will stay in FHIAP with current health plan	Child will apply to OHP
______________________________	☐NU	☐NU
______________________________	☐NU	☐NU
______________________________	☐NU	☐NU
______________________________	☐NU	☐NU
______________________________	☐NU	☐NU

Person filling out this form: ____

Signature: ____ **Date:** ______________

Phone: ________________________ **FHIAP Reservation Number:** _____________

Extra Form for Large Families

Please list all family members **age 19 or older** and tell us what they want to do:

Name	I will stay with my health plan and call my insurance company to pay the full premium	Enroll me in OHP Standard benefit package, starting June 1, 2008
______________________	☐NU	☐NU
______________________	☐NU	☐NU
______________________	☐NU	☐NU
______________________	☐NU	☐NU

Please list all family members **below the age of 19** and tell us what they want to do.

Name	Child will stay in FHIAP with current health plan.	Child will apply to OHP
______________________	☐NU	☐NU
______________________	☐NU	☐NU
______________________	☐NU	☐NU
______________________	☐NU	☐NU

Consent Form

FHIAP can only discuss your case with you or someone you name. If you plan to have someone call FHIAP for you, please sign below.

I, (name of applicant) ____ allow

(Name of person) ____

to discuss my case with FHIAP staff.

Applicant Signature: ______________________________ Date: __________

Reservation number: ____