Enrollment Form 10/01/2012

MICHIGAN ENROLLS

For Office Use Only
FEC Name:
Date:

ALWAYS keep your mihealth card.

ENROLLMENT FORM

Call 1-877-274-2737 > TTY 1-888-263-5897

<County Name>

If you have questions, call 1-877-274-2737. If you are unable to call 1-877-274-2737, fill out the form and send in the postage paid envelope.

Name (Head of Household): <HOH>
Address: <Address 1>
<Address 2>
<City> <State> <Zip>

Phone: <Phone Number>
Date Completed:

HOW TO USE THIS FORM:

- **Make sure the names, ages and Medicaid ID numbers are correct. If any of this information is incorrect, contact your local Department of Human Services office to have changes made.**
- **You must choose one of the plans listed below.** See the "Guide to Michigan Medicaid Plans" for more information about the available plans.
- If you know the primary provider (doctor) you want to choose, print the name and phone number below.

<Plan Name>	<Plan Name>	<Plan Name>	<Plan Name>	<Plan Name>	<Plan Name>	<Plan Name>	<Plan Name>
<LOGO>	<LOGO>	<LOGO>	<LOGO>	<LOGO>	<LOGO>	<LOGO>	<LOGO>

Eligible Family Member	Age	Medicaid ID Number	Health Plan Choice	Primary Doctor (Last name, first name)	Provider Phone Number
<Dependant Name>	<AGE>	<ID #>			
<Dependant Name>	<AGE>	<ID #>			
<Dependant Name>	<AGE>	<ID #>			
<Dependant Name>	<AGE>	<ID #>			
<Dependant Name>	<AGE>	<ID #>			

PREGNANCY: It is important to receive medical care early during pregnancy. If you or a family member is now pregnant, please write that person's name here: _____ DUE DATE: _____

Mail the completed form to MICHIGAN ENROLLS, PO Box 30412, Lansing, Michigan 48909. Questions? Call MICHIGAN ENROLLS at 1-877-274-2737, TTY 1-888-263-5897	Authority: Title XIX of the Social Security Act. Completion of this form is required to enroll in a health plan. Or you may call 1-877-274-2737, TTY 1-888-263-5897 Michigan Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, political beliefs or disability.