

## Medicaid for Independent Young Adults Change Report

You must tell us when:

- You move or have a new mailing address.
- You start getting other health insurance or current health insurance is dropped.

You will need to tell us within ten days of the change. If you do not tell us when you move or have a new mailing address, your Medical Assistance Eligibility Card may be returned to your worker. This may result in your Medicaid case being canceled.

You can report this change by:

- Returning this form in the enclosed self-addressed, stamped envelope.
- Calling your Medicaid worker at:
- E-mailing your Medicaid worker at:
- Faxing this form to:

### New Address

I now live at: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My mailing address is:

- Same as above.
- Different from living address. Send my mail to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Medical Coverage

- I started getting other health insurance. The other insurance started \_\_\_\_\_ month/day/year.
- My other health insurance was dropped. The other insurance ended \_\_\_\_\_ month/day/year.

### Signature

Name

Phone Number

(     )

Date Completed