

# Hawki Managed Care Organization Change

**Only fill out this form if you want to change your MCO.**

Once you're approved for Hawki, you are automatically enrolled in a Managed Care Organization (MCO) or qualify for a Fee-for-Service (FFS) program.

Hawki members have 90 days from their initial enrollment date to change their health plan, and then once a year after that to change their plan for any reason by completing this form. If you are satisfied with your current plans, you do not need to complete this form.

Name of Person to Enroll*	Date of Birth* (MM/DD/YYYY)	ID Number*	Check One MCO*		
			Wellpoint (formerly Amerigroup)	Iowa Total Care	Molina Healthcare
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**Reason for changing your MCO:** \_\_\_\_\_

\_\_\_\_\_  
**Your name\***

\_\_\_\_\_  
**Your address: Street, City, Zip Code\***

\_\_\_\_\_  
**Your phone number**

**\*YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the MCO for the person(s) listed above.**

If you have questions about how to complete this form, call Hawki Member Services at 1-800-257-8563, Monday through Friday from 8 a.m. – 5 p.m.