



# Hawki Health and Dental Plan Change Form

Only fill out this form if you want to change your children's health and/or dental plan.

If you are satisfied with your children's current plans, you do not need to complete this form.

**Fields marked \* are required.**

Name of Person	Date of Birth* (MM/DD/YY)	ID Number*	Check One Health Plan	Check One Dental Plan
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest

Reason for changing your children's health and/or dental plan: \_\_\_\_\_

\_\_\_\_\_  
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 plans 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 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.