



## Hawki Managed Care Organization (MCO) 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 health plan and Delta Dental of Iowa for dental care.

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're happy with the health plan assignment, no action is needed.

**Fields marked \* are required.**

Name of Person to Enroll	Date of Birth* (MM/DD/YY)	ID Number*	Check One MCO*
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint

**Reason for changing your health 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 Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.