WPS HEALTH INSURANCE

INDIVIDUAL ACA POLICY CHANGE REQUEST

Internal use only

Subscriber Last Name	First Name	MI	Subscriber Number

A. Check and complete the changes that apply and sign below

Name Change	Change From	Change To	Reason For Change
	If Married, Spouse's Name	Date of Marriage	Date of Divorce
Phone Number Change	Home: Cell*:	Change To	
Email Address Change	Change To		
Address Change *Disclaimer: If you move to a different county, rates or plan offerings may be affected.*	Change applies to ☐Residence Address ☐Mailing Address	Street/Route	Apartment Number
		City / State	ZIP Code

B. Change in Coverage *(changes will be processed according to policy)*

Cancel Policy	Reason for Cancellation	Requested Cancellation Date
Change Policy	Plan Name (selection, metal tier, deductible shown on page 2)	Effective Date of Change
Add Dependent	Qualifying Event ☐Birth ☐Adoption ☐Marriage ☐Loss of Coverage ☐Other:________________________	Effective Date of Change
Delete Dependent	Effective Date of Termination	Reason for Termination

C. Dependents

Please list family members to be added/deleted under this policy. Please attach additional form, if needed. Write name as it should appear on ID card. Dependents may not be eligible if other medical coverage is available to them through their employer.

Change	Last Name	First Name	MI	Gender	Date of Birth	Social Security #	Tobacco Use?
☐ Add ☐Delete				☐M ☐F			☐Y ☐N
☐ Add ☐Delete				☐M ☐F			☐Y ☐N
☐ Add ☐Delete				☐M ☐F			☐Y ☐N
☐ Add ☐Delete				☐M ☐F			☐Y ☐N

* By providing WPS Health Insurance with your cell phone number and email address you are providing consent for us to contact you by these methods.

D. Type of Coverage and Benefit Plans

Selection	Metal Tier	Deductible	Coinsurance (amount you pay)	Out-of-Pocket Limit	Convenient Care Clinic Copay	PCP Copay	Specialist Copay	**Prescription Plan** Preventive/Preferred Generic Non-preferred Generic/Preferred Brand/ Non-preferred Brand/Specialty
The WPS plans listed below are available in the following counties: Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Chippewa, Door, Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Oconto, Pepin, Pierce, Polk, Rusk, St. Croix, Sawyer, Trempealeau, and Washburn								
PPO	Bronze	$6,500	20%	$9,100	D/C	D/C	D/C	$0 preventive, D/C all others
PPO	Bronze	$9,100	0%	$9,100	D/C	D/C	D/C	$0 preventive, D/C all others
PPO HDHP	Bronze	$6,000	30%	$7,500	D/C	D/C	D/C	$0 preventive, D/C all others
PPO HDHP	Bronze	$7,500	0%	$7,500	D/C	D/C	D/C	$0 preventive, D/C all others
PPO	Catastrophic*	$9,100	0%	$9,100	D/C	D/C	D/C	$0 preventive, D/C all others
D/C = Deductible and Coinsurance PCP = Primary Care Practitioner ***Eligibility limited to persons under age 30 or those with a hardship exemption from the Federally Facilitated Marketplace.**								

E. Certification

CERTIFICATION: I represent and certify all of the following: no answer or information written by myself in this application was provided by the agent or anyone else (except for information provided by other family members); such representations are true, accurate, and complete to the best of my knowledge.

Subscriber Signature	Date

WPS HEALTH INSURANCE

Mail to: WPS Health Insurance, P.O. Box 8190, Madison, WI 53708
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Call: 800-332-6421
Visit: wpshealth.com