



QExA HAWAII CHOICE Form

QExA HAWAII • PO Box 135038
Honolulu, HI 96801

若需详细中文资料，请使用免费电话1-866-928-1959寻取协助。

PARA SA KARAGDAGANG TANONG SA TAGALOG, TAWAGAN PO
LAMANG ANG LIBRENG LINYANG PWEDENG TUMULONG SA
INYO DITO SA 1-866-928-1959

PARA DAGITI KAYAT TAYO A DAMAGEN TI ILOCANO, AWAGAN
LAENG DAYTOY LIBRE A LINYA NGA MABALIN A MAKATULONG
KADATAYO IDIAY 1-866-928-1959

자세한 한국어 안내를 원하시면 수신자 부담 무료 안내전화
Helpline (1-866-928-1959번)으로 전화주시기 바랍니다.

If you want to send in your health plan choice, please fill out this form and mail it to us at the address shown above. You can also fax it toll-free to 1-866-535-7620. Or, if you want, you can choose a health plan over the phone, call the toll-free **Helpline at 1-866-928-1959.**

PLEASE PRINT

Client Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____

Address: _____ Apt. No.: _____ City: _____ State: _____

Zip Code: _____ Medicaid ID Number _____ Home Phone Number: (_____) _____

▶ **My 1st choice for my QExA health plan is (circle your 1st choice):** **Evercare** **`Ohana Health Plan**

▶ **My 2nd choice for my QExA health plan is (circle your 2nd choice):** **Evercare** **`Ohana Health Plan**

Name of Doctor (Primary Care Provider): _____

Client Signature: _____ Date signed: _____

Questions ... call toll-free 1-866-928-1959 (TTY toll-free 1-866-928-1958) **to talk with an Enrollment Counselor.**

If form is completed by Legal Representative:

I _____ am the Legal Representative and made the above health plan choice for _____
(First & Last Name) (Client Name)

Sign here: _____ Date signed: _____ Daytime Telephone Number: _____