

# CCA APPLICATION

- ☐ NEW ☐ KEEP CARRIER  
☐ NO SUB ☐ CHANGE CARRIER  
☐ NEW Medi-Cal ☐ AUTO RENEW

File # \_\_\_\_\_ Date: \_\_\_\_\_ Assisted by: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Wechat# \_\_\_\_\_  
Primary Name: \_\_\_\_\_  
Case#: \_\_\_\_\_ ☐ Existing Mixed Case

Please Check All That Apply

- ☐ Valid Citi ☐ Change Status ☐ Need update Citi Doc ☐ Delegated Agent  
☐ Need update income (Old income on CCA \$ \_\_\_\_\_) ☐ Reapply  
☐ Change plan From \_\_\_\_\_ to \_\_\_\_\_ ☐ DW  
☐ Change household size from \_\_\_\_\_ to \_\_\_\_\_  
☐ Add / Remove (Primary, Spouse, Child, Parent) \_\_\_\_\_ on Household / Policy  
☐ Add / Remove (Primary, Spouse, Child, Parent) \_\_\_\_\_ on Household / Policy

Reason: \_\_\_\_\_ (Must attach initial payment if Remove or Add Primary)

- ☐ Correct NAME/DOB/SSN (Must attach updated Citi Doc, SSN, & Driver's License Copy)

Name \_\_\_\_\_ from: \_\_\_\_\_ to \_\_\_\_\_

- ☐ Change Mailing / Resident to : \_\_\_\_\_

- ☐ Note: \_\_\_\_\_

Zip Code \_\_\_\_\_

Household Size \_\_\_\_\_

- ☐ Attached Attest of Income

**Enroll** **Age** **Total Annual Income \$** \_\_\_\_\_

- ☐ Signed Delegation

- ☐ Primary \_\_\_\_ P/S \_\_\_\_\_ wk/ twice/ bi-wk/ mo/ yr / SE  
☐ Spouse \_\_\_\_ P/S \_\_\_\_\_ wk/ twice/ bi-wk/ mo/ yr / SE  
☐ Dependent \_\_\_\_ P/S \_\_\_\_\_ wk/ twice/ bi-wk/ mo/ yr / SE  
☐ Dependent \_\_\_\_ P/S \_\_\_\_\_ wk/ twice/ bi-wk/ mo/ yr / SE  
☐ Dependent \_\_\_\_ Employer's Name & Address if not shown on Paystub/W2  
\_\_\_\_\_

- ☐ Need choose PCP

Dr Name \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone# \_\_\_\_\_

IPA \_\_\_\_\_

Enrolled Member #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Carrier: \_\_\_\_\_ ☐ 2 Enrollment Groups

Plan name: \_\_\_\_\_ PPO / HMO / HSA

Premium: \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ ☐ No Sub

Request Eff. Date: \_\_\_\_\_

- ☐ Email

Account Holder's Name \_\_\_\_\_

**Initial / EFT**

- ☐ Phone

Visa/Master \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_

- ☐ Text

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

- ☐ Wechat \_\_\_\_\_

Bank Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Cash Receipt # \_\_\_\_\_ \$ \_\_\_\_\_

**Signature 簽名**