

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



File # _____

AUTHORIZATION TO DELEGATE AGENT

委托代理人授权书

我 _____ 授權亞裔社區中心及保險服務作為我全民健保的保險代理人。我明白若要解除代理權，必須以書面形式通知。我同意亞裔社區中心協助本人更改任何資料，包括代為改回被無故修改的代理權。

I, _____ authorize and delegate my Covered California case to Apac Service Center and Insurance Services as my Covered California insurance agent. I understand I am required to inform Apac Service Center in writing if I wish to delegate my case to another agent. Apac Service Center is authorized to help me adjust any changes on the application, which includes the rights to re-delegate my case back to Apac Service Center if written request has not been received and case has been delegated elsewhere.

APPLICANT'S FULL NAME (Print): _____

申请人的全名

APPLICANT'S LAST 4 DIGITS OF SSN: _____

申请人 SSN 的最后 4 位数字:

CASE ID# (If application already initiated): _____

APPLICANT'S SIGNATURE: _____

申请人签名

DATE: _____

日期