CCA APPLICATION

File #_____ Date: _____ Assisted by: _____

☐ NEW ☐ KEEP CARRIER Phone#: _____ Wechat# _____

☐ NO SUB ☐ CHANGE CARRIER Primary Name: _____

☐ NEW Medi-Cal ☐ AUTO RENEW Case#: _____ ☐ Existing Mixed Case

Please Check All That Apply ☐ Delegated Agent

☐ Valid Citi ☐ Change Status ☐ Need update Citi Doc ☐ Reapply

☐ Need update income (Old income on CCA $ _____) ☐ DW

☐ Change plan From _____ to _____

☐ 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

Oct, 2023 updated

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，包括代爲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