

## **UH/Chaminade Student Plan Change Form**

Member Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Student ID #: \_\_\_\_\_

HMSA Subscriber ID: \_\_\_\_\_

Current Plan Option: \_\_\_\_\_

Current Premium: \$ \_\_\_\_\_

New Plan Option: \_\_\_\_\_

New Premium: \$ \_\_\_\_\_

Check the semester this change is applicable for:

Fall

Spring

Summer

**NOTE:** If you are a new enrollee and want to change benefit options, you can do this before the enrollment deadline. For continuing student plan members, changes are only allowed at the beginning of the fall semester.

Aloha HMSA Membership Services,

I would like to change my coverage to the new plan option listed above. If there are any questions, please call me at the phone number listed at the top of the form.

Mahalo,

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** If you have already submitted payment for your first enrollment, please include payment for the difference between your current plan selection and your new plan selection. If you have not already submitted payment, you will receive a second bill for the corrected amount, based on your new plan selection. Please be advised that due to timing, you may still receive two bills in the mail (one for your original plan selection, and one for your newly selected plan).