

Transfer Request Form

Family Member Number: [FMN]

**To find a Primary Care Doctor, Eye Doctor or Dentist or
To see if your child's doctor participates in a plan:**

▶ Call the plan's toll free number listed on the Personal Fact Sheet, or
▶ Visit the Healthy Families website at www.healthyfamilies.ca.gov or call 1-888-439-4741

To change plans, select from the available plans listed on the Personal Fact Sheet. Then write the new plan name(s) below:
Plan Name

- 1. **New Health Plan** _____
- 2. **New Dental Plan** _____
- 3. **New Vision Plan** _____

We will tell you if there is a change in your premium amount.

If you are changing plans and wish to choose a new doctor, dentist, or eye doctor for the enrolled child, write the name and code (if you know it) in the space below

4. Child's Name	New Doctor/Clinic/Code	New Dentist/Clinic/Code	New Eye Doctor/Clinic/Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Fill out this question ONLY if you selected the
Special Population Plan**

- 5. I am a seasonal or migrant worker and have been employed in one of the following jobs in the past 24 months:
 Agriculture Forestry Fishing
or
 I am Native American Indian
- 6. **Resolving Disputes: Each plan has its own rules for resolving disputes about the delivery of services and other matters. Some plans say you must use binding arbitration for disputes; others do not. Some plans say that claims for malpractice must be decided by binding arbitration; others do not. If the plan you choose requires binding arbitration, you are giving up your right to a jury trial and cannot have the dispute decided in court. To find out more about how a plan resolves disputes, you can call the plan or look in the HFP Handbook. Or go to: www.healthyfamilies.ca.gov.**
- 7. I authorize a change in the enrollment of the child listed above and certify that the information I have provided is correct. I understand that a change in plans may result in a premium change.

Signature _____ Date _____