



## Healthy Kids Program for Children Ages 6-18 PREMIUM INCREASE RESPONSE FORM

You **must complete and return** this "Premium Increase Response Form" to let us know if you will pay the new premium to keep your child/children in the Healthy Kids program for children ages 6-18. You must check either the YES box or the NO box for each child listed below.

**By checking the YES box, I am agreeing to pay a premium of \$15 per child, per month for children in the Healthy Kids 6-18 program effective July 1, 2010.** (Note: If you have 3 or more children, you will pay no more than \$45.) No payment is due with this form. You will receive your first bill in July.

**By checking the NO box, I am not agreeing to pay the \$15 monthly premium for each child and understand that my child/children will be disenrolled from the Healthy Kids 6-18 program at 12:00 a.m. on July 1, 2010.** (Note: *You will NOT be able to re-enroll your child/children in the Healthy Kids 6-18 program.*)

CASE#: \_\_\_\_\_

You must choose either YES or NO for **each** child listed below. Do not leave any blank.

	<u>Member ID:</u>	<u>First Name:</u>	<u>Middle Name:</u>	<u>Last Name:</u>	<u>Date of Birth:</u>	
<input type="checkbox"/> YES	_____	_____	_____	_____	_____	<input type="checkbox"/> NO
<input type="checkbox"/> YES	_____	_____	_____	_____	_____	<input type="checkbox"/> NO
<input type="checkbox"/> YES	_____	_____	_____	_____	_____	<input type="checkbox"/> NO

Please note that these changes do not apply to children age five (5) and under in the Healthy Kids program.

\_\_\_\_\_  
Print Full Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date of Signature

This form **must be completed and returned** in the enclosed self-addressed, postage pre-paid envelope ***NO LATER THAN JUNE 21, 2010***. Forms postmarked after June 21, 2010 **will not** be accepted.

If you do not complete and return this form by June 21, 2010, the child/children listed above will be **disenrolled** from the Healthy Kids 6-18 program at 12:00 a.m. on JULY 1, 2010.

**If you have questions or need help, you may call:**

- L.A. Care Member Services at 1-888-839-9909. L.A. Care representatives are available 24 hours a day, 7 days a week.
- Children's Health Outreach Initiative agency in your area – *See Enclosed Listing*