VERMONT HEALTH CONNECT
Find the plan that's right for you.

Change Report Form

205CRF

Name _____ Social Security number _____

Mailing address: _____

Date of birth _____ Phone number _____ ☐ Home ☐ Work ☐ Cell

Need To Report A Change?

REPORT BY PHONE: Call **1-855-899-9600** from 8 am to 8 pm Monday-Friday and 8 am to 1 pm on Saturday.

REPORT BY MAIL: Complete this form and send to:

VERMONT HEALTH CONNECT
103 SOUTH MAIN STREET
WATERBURY, VT 05671-8100

To Complete This Form:

People enrolled in Medicaid/Dr. Dynasaur and/or a Qualified Health Plan with premium assistance, answer **questions 1 - 5**.
People enrolled in a Qualified Health Plan with no premium assistance, answer **questions 3 - 5**.
People who no longer wish to receive insurance through Vermont Health Connect, answer **question 6**.

Please be aware we may still need to contact you about your changes. If you need more space, use another sheet of paper.

Medicaid/Dr. Dynasaur and/or a Qualified Health Plan with premium assistance: Answer Questions 1 – 5. Qualified Health Plans without premium assistance: Answer Questions 3 - 5.

1. Has there been a change in tax filing status for any household members?
   ☐ No – If no, go to next question.
   ☐ Yes – Provide the information requested below.

Name of person	Type of tax filing change (For example: filing jointly, claiming a new tax dependent, etc.)

2. Has there been a change of income or change of job for any household member?
   ☐ No – If no, go to next question.
   ☐ Yes – Provide the information requested below.

Name of person	Income Amount	Frequency of pay: Weekly/biweekly/monthly/yearly	Company/employer	Estimated yearly income to be filed on your tax return
	$			$
	$			$

3. Has the immigration status changed for anyone receiving coverage through Vermont Health Connect?
   - ☐ No – If no, go to next question.
   - ☐ Yes – Provide the information requested below.

Name of person	Immigration status change	Date of change	Document type	Document expiration date

4. Has there been any other change in your household such as address, email, telephone number, number of household members, access to job related insurance coverage, incarceration, or any other changes?
   - ☐ No – If no, go to next question.
   - ☐ Yes – Provide the information requested below.

Name of person	Explain Change

5. Does any household member want to change their Qualified Health Plan for the upcoming year?
   - ☐ No – If no, go to next question.
   - ☐ Yes – Provide the information requested below.

Name of person	Plan currently enrolled	Requested plan change for upcoming year

Customers who no longer wish to receive insurance through Vermont Health Connect: Question 6

6. Does any household member want to terminate coverage through Vermont Health Connect for the upcoming year?
   - ☐ Yes – Who? _____

You Must Continue to Report Changes

If you are enrolled in **Medicaid/Dr. Dynasaur**, you must report changes in your household within **10 days**. If you are enrolled in a **Qualified Health Plan and receive premium assistance**, you must report any changes within **30 days**.

We need the information we asked for to decide if you qualify for Medicaid/Dr. Dynasaur or tax credits and cost-sharing reductions that help you pay for health coverage. We will check your answers using information we get from electronic data sources, including federal tax returns. If the information does not match, we may ask you to send us proof.

IMPORTANT: Please sign, date and return this form.

Signature _____ Date _____