



# Colorado Choice Health Plans

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## 2017 Individual Renewal Cover Sheet

**Directions:** Please complete this application in its entirety using blue or black ink. You may select one plan per family unless applying separately. Your signature is required on pages 3 and 4 of the Colorado Uniform Individual Application as well as the Automatic Bank Draft Form (if applicable). Please contact your broker or call our sales team at (800) 475-8466 with any questions.

Please choose from the following available plans:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> GoldChoice 500/30  | <input type="checkbox"/> Silver Basic 60         | <input type="checkbox"/> Bronze Basic 50          |
| <input type="checkbox"/> GoldChoice 1000/20 | <input type="checkbox"/> Silver Value 70         | <input type="checkbox"/> Bronze Value 50          |
| <input type="checkbox"/> GoldChoice 1500/20 | <input type="checkbox"/> SilverChoice 2000/Copay | <input type="checkbox"/> Bronze Simple HSA        |
|   | <input type="checkbox"/> SilverChoice 3000/30    | <input type="checkbox"/> BronzeChoice 4500/50 HSA |
|   | <input type="checkbox"/> Silver Value HSA        | <input type="checkbox"/> BronzeChoice 6500/50     |
|   |  | <input type="checkbox"/> BronzeChoice 4000/50     |

### Important: Pediatric Dental (from Bulletin No. B-4.57)

**“This policy does not include coverage of pediatric dental services as required under The Patient Protection and Affordable Care Act, Pub. L. 111-148 and the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan.**

**Please contact your agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-certified stand-alone dental plan that includes pediatric dental coverage.”**

Please choose from the available payment options:

- Monthly by Automatic Bank Draft from your checking account monthly  
**You must complete the Automatic Bank Draft Authorization form.**
- Monthly by check (you will be provided payment coupons)  
**You must include a check for your first month's premium with your application.**

**Important Note: there will be a \$25 charge for each incident when an automatic draft is denied or returned for insufficient funds. This fee is in addition to any fees your financial institution may charge you.**

Please sign and date confirming your selections:

Signature

Date