

## Healthy Kids Silver Enrollment Form

### PRIMARY CARE PROVIDER (PCP) SELECTION

You must choose a Primary Care Provider (PCP) for the child(ren) you are enrolling on the Healthy Kids plan.

Child's Name	Date of Birth	Primary Care Provider (PCP) Name	PCP #	Established Patient?
	- -			YES / NO
	- -			YES / NO
	- -			YES / NO
	- -			YES / NO

Please enclose this form with your first month's premium to:

**NH Healthy Kids**  
**1 Pillsbury Street, Suite 300**  
**Concord, NH 03301-3556**

Customer ID#

Amount Enclosed

Coverage Month

Parent's Name/Address:

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Email Address:

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Make checks payable to: **NHHK**  
 Please write your Customer ID# on your check and return it with this form to NHHK, 1 Pillsbury Street, Suite 300, Concord, NH 03301-3556. **PLEASE NOTE: WE CAN NOT ACCEPT YOUR FIRST PAYMENT BY AUTOMATIC PREMIUM WITHDRAWAL.**  
 A check or money order must be enclosed.

Below, please list any health insurance currently in effect for your child(ren), or that was in effect in the last 6 months, **OTHER THAN HEALTHY KIDS GOLD**. If other health insurance was terminated in the last 6 months, please explain why. Please also **attach written proof** from either your employer or from the insurance company stating the date on which your child(ren)'s coverage ended.

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