



## Change Report Form

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Is this a new address? Yes No

Phone: \_\_\_\_\_ Is this a new phone number? Yes No

### READ THIS BEFORE YOU COMPLETE THIS FORM

You must report changes to us if you are on Medicaid. Use this form to tell us about changes that you have had. Here are examples of changes we need to know about:

- Increase or decrease in your income or your resources
- Increase or decrease in your household size
- Gain or loss of health insurance

Fill out the box on this form that applies to your change. This form is two pages – use the last box at the bottom of page 2 (Other Changes) if no other box applies to you.

Provide as much detail as you can about your change. The more detail we have, the faster we can figure out if the change impacts your Medicaid.

Some changes may need follow-up from us, so be sure to complete your contact information at the top of this page.

<input type="checkbox"/> <b>Job</b>	<input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed	Date of Change
Name of Person	Employer Name	Employer Phone Number
Employer Street Address	Do They Offer Health Insurance?	
Employer City	Employer State	Employer Zip Code
		Gross Amount You Expect to Make Each Month

<input type="checkbox"/> <b>Self-Employment Business</b>	<input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed	Date of Change
Name of Person	Business Name	Monthly Net Amount You Will Make

<input type="checkbox"/> <b>Other Income</b>	<input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed	Date of Change
Explain		

**Need Help?** If you have questions or need help, call 1-800-250-8427, Monday-Friday 8am to 5pm.

<input type="checkbox"/> <b>Asset Changes</b>		Date of Change	
Name of Owner	Type (for example: burial agreements, bank accounts, retirement accounts, annuities)	<input type="checkbox"/> New <input type="checkbox"/> No Longer Have It <input type="checkbox"/> Changed	Value
Name of Owner	Type (for example: burial agreements, bank accounts, retirement accounts, annuities)	<input type="checkbox"/> New <input type="checkbox"/> No Longer Have It <input type="checkbox"/> Changed	Value

<input type="checkbox"/> <b>Household Members</b>	<input type="checkbox"/> Moved In	<input type="checkbox"/> Moved Out Reason:	Date of Change
Name of Person	Date of Birth	Relationship to You	Applying? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> <b>Other Health Insurance</b>	<input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed	Date of Change	
Insurance Company	Persons Covered	Type	Policy Number

<input type="checkbox"/> <b>Medicare</b>	<input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Changed
Name of Person	Medicare Beneficiary Identifier (MBI) number
Part A Start Date	Part A Premium
Part B Start Date	Part B Premium

<input type="checkbox"/> <b>Other Changes</b>	Date of Change
Name of Person	Explain the Type of Change (for example, disability, immigration status, pregnancy)

### Ways to Submit this Form

- Online** at [ahsuploader.vermont.gov](https://ahsuploader.vermont.gov). You can use this website on a computer with an internet connection. If you are submitting this form online, please type your name on the signature line and save the form to your computer. Then, go to the link above, select "healthcare" and upload it.
- By mail.** If you are submitting this form by mail, please print the form after you complete it, sign it on the signature line and mail it to [Green Mountain Care, 280 State Drive, Waterbury, VT 05671-1500](mailto:Green Mountain Care, 280 State Drive, Waterbury, VT 05671-1500).

### Sign and Date Here

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Voter Registration:** If you are not registered to vote where you live now, would you like a voter registration application?  Yes  No

If you do not check either box, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect your eligibility for benefits or amount granted to you by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State's Office at 128 State Street, Montpelier, VT 05633-1101, or call 1-802-828-2363.