

# Hawai'i Covering Kids

Advocating Health Insurance for All Keiki and 'Ōpio

## Med-QUEST Change Form for Community Organizations

We want eligible people to continue their public health insurance benefits and you can help by keeping Med-QUEST's records up-to-date. Review these questions with your customer and if there are changes please mail, fax, or bring the form to a local Med-QUEST office listed on page 4. Please make sure the person reporting the changes completes question 13.

Thank you for your time and help!

### 1. Current Customer Information

Social Security Number \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_\_

Last Name \_\_\_\_\_

First Name and Middle Initial \_\_\_\_\_

Address Where Customer Lives \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Best Phone Number to Call \_\_\_\_\_

Email Address \_\_\_\_\_

Language Customer Speaks Best \_\_\_\_\_

**YES NO**

2. Is the information in Question 1 a new name, address, telephone number, or email address?

3. Do you want to STOP your Med-QUEST health insurance?

Reason to Stop QUEST or Medicaid:

\_\_\_\_\_  
\_\_\_\_\_

4. Did anyone move out or move in?

People Who Moved Out or Moved In:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YES** **NO**

5. Did anyone's assets change?

Note: If only children or a pregnant woman are enrolled in QUEST or Medicaid, asset information may not be required.

Asset Changes—bank accounts, home, jewelry, stocks, etc. (Owner, Type, and Value):

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6. Did anyone's monthly income change?

Note: Also explain if someone lost a job or changed employers.

Income Changes (Person's Name, Type, and Monthly Gross Dollar Amount) and Job Changes (Person's Name and Employer):

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7. Did anyone have an accident during the last year? If yes, Med-QUEST will contact you.

Accident (Date and Who Was Involved):

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8. Was an employed person offered health insurance by the employer for herself or himself?

Health Insurance (Person's Name, Type of Insurance, and Start Date):

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9. Did anyone get or stop private health insurance?

Private Health Insurance (Person's Name, Type of Insurance, and Start Date):

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Questions 10 and 11 are for people who entered a nursing home or started receiving nursing home services in the community during the past year.

YES NO

10. Did anyone sell, trade, or give away property or other resources/assets—including money—within the past 3 years? Or did they make transfers into a trust within the past 5 years? (If you gave Med-QUEST this information before, you do not have to explain it again).

Sold, Transferred, or Gave Away Assets (Person's Name, Type of Asset, Reason, Transfer Date, Value, and Amount Received from Sale):

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11. Do you have a spouse and/or dependent family member living with your spouse that has income?

Spouse or Dependent Family Member's Income (Person's Name, Type, and Monthly Gross Dollar Amount):

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12. Do you have other changes to report?

Other Changes:

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13. Please write who is reporting the changes and her/his contact information. The person must also sign and write today's date. This form can be mailed, faxed, or brought to a Med-QUEST office.

Name (please print clearly) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

## Med-QUEST Offices

OFFICE ADDRESSES	MAILING ADDRESSES	TELEPHONE AND FACSIMILE NUMBERS
<p style="text-align: center;"><b>O'ahu Applications Section</b> 801 Dillingham Boulevard, 3rd Floor Honolulu, HI 96817-4582</p>	<p style="text-align: center;"><b>O'ahu Applications Section</b> P. O. Box 3490 Honolulu, HI 96811-3490</p>	<p style="text-align: center;"><b>Phone 587-3521</b> <b>Fax 587-3543</b></p>
<p style="text-align: center;"><b>Kapolei Unit</b> Kakuhihewa State Office Building 601 Kamokila Boulevard, Room 415 Kapolei, HI 96707-2021</p>	<p style="text-align: center;"><b>Kapolei Unit</b> P. O. Box 29920 Honolulu, HI 96820-2320</p>	<p style="text-align: center;"><b>Phone 692-7364</b> <b>Fax 692-7379</b></p>
<p style="text-align: center;"><b>East Hawai'i Section</b> 88 Kanoelehua Avenue, Room 107 Hilo, HI 96720-4670</p>	<p style="text-align: center;"><b>East Hawai'i Section</b> 88 Kanoelehua Avenue, Room 107 Hilo, HI 96720-4670</p>	<p style="text-align: center;"><b>Phone 933-0339</b> <b>Fax 933-0344</b></p>
<p style="text-align: center;"><b>West Hawai'i Section</b> Lanihau Professional Center 75-5591 Palani Road, Suite 3004 Kailua-Kona, HI 96740-3633</p>	<p style="text-align: center;"><b>West Hawai'i Section</b> Lanihau Professional Center 75-5591 Palani Road, Suite 3004 Kailua-Kona, HI 96740-3633</p>	<p style="text-align: center;"><b>Phone 327-4970</b> <b>Fax 327-4975</b></p>
<p style="text-align: center;"><b>Lāna'i Unit</b> 730 Lanai Avenue Lāna'i City, HI 96763</p>	<p style="text-align: center;"><b>Lāna'i Unit</b> P. O. Box 737 Lāna'i City, HI 96763-0737</p>	<p style="text-align: center;"><b>Phone 565-7102</b> <b>Fax 565-6460</b></p>
<p style="text-align: center;"><b>Maui Section</b> Millyard Plaza 210 Imi Kala Street, Suite 101 Wailuku, HI 96793-1274</p>	<p style="text-align: center;"><b>Maui Section</b> Millyard Plaza 210 Imi Kala Street, Suite 101 Wailuku, HI 96793-1274</p>	<p style="text-align: center;"><b>Phone 243-5780</b> <b>Fax 243-5788</b></p>
<p style="text-align: center;"><b>Moloka'i Unit</b> State Civic Center 65 Maka'ena Street, Room 110 Kaunakakai, HI 96748</p>	<p style="text-align: center;"><b>Moloka'i Unit</b> P. O. Box 1619 Kaunakakai, HI 96748-1619</p>	<p style="text-align: center;"><b>Phone 553-1758</b> <b>Fax 553-3833</b></p>
<p style="text-align: center;"><b>Kaua'i Unit</b> 4473 Pāhe'e Street, Suite A Lihu'e, HI 96766-2037</p>	<p style="text-align: center;"><b>Kaua'i Unit</b> 4473 Pāhe'e Street, Suite A Lihu'e, HI 96766-2037</p>	<p style="text-align: center;"><b>Phone 241-3575</b> <b>Fax 241-3583</b></p>