

Benefits Choice FY12

Addendum

Print Name: _____ SSN: _____

Dependent upon availability, my choice for Managed Care Plan is listed below in order of preference.

Instructions: list preference in numerical order: 1st, 2nd, 3rd, 4th

_____ Health Alliance HMO (AH)

_____ Health Link OAP (CF)

_____ Personal Care OAP (CH)

_____ Personal Care HMO (AS)

Signature: _____ Date: _____