



Covering Utah's Children

Health Plan Selection Form

Once you have chosen a health and dental plan, please mail or fax this form to your HPR. Or e-mail chiphpr@utah.gov with your plan choice and the information below.

(Please print clearly)

-You may tear out this page.

Case #		
Name of Parent/ Guardian	(First, Last)	Date of Birth
Name(s) of child/ children	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
Contact Information	(Address, City, State, Zip)	
	(Daytime Phone)	(Cell phone)
	(E-mail address)	
My Choice of Health Plan	<input type="checkbox"/> SelectHealth	<input type="checkbox"/> Molina
My Choice of Dental Plan	(Salt Lake, Utah, Weber, and Davis County Residents Only)	
	<input type="checkbox"/> Premier Access	<input type="checkbox"/> DentaQuest

Note: You must stay with your selected health plan through June 30 of each year.

Return form to:
BMHC CHIP HPR, PO Box 143108
SLC, UT 84114-3108
Fax: (801) 237-0743
E-mail: chiphpr@utah.gov