



Health Insurance Risk-Sharing Plan

1751 W. Broadway – P.O. Box 8961 – Madison, WI 53708-8961
(888) 253-2698 or (608) 221-5315

Choice of Coverage Request - HIRSP Federal Plan

READ THE FOLLOWING BEFORE COMPLETING THIS FORM

Before you decide to change your plan coverage, we suggest you review: your financial situation, the cost of medical services you use in one year, the amount of the plan's deductible, premium rates, and the additional information in the attached memorandum. Complete the bottom of this form and return it to HIRSP only if you decide to change your plan coverage.

Completed form must be received by HIRSP before November 1, 2011.

INSTRUCTIONS

Once each calendar year, members may request a change between plans. The requested change will be effective January 1 of the next calendar year if the member notifies HIRSP before November 1 of the current calendar year.

This means you should review the enclosed rate tables to determine the best plan for you in 2012. Please consider whether you want to change between Federal 500 / Federal 1,000 / Federal 2,500 / Federal 3,500 .

If you decide to change your coverage, fill out this form and sign it. ***If you do not want to make a change, no action is required on your part.***

Return this form to HIRSP by November 1, 2011. You may mail it to HIRSP at 1751 W. Broadway, PO Box 8961, Madison, WI 53708-8961. Or, fax it to (608) 243-6136.

If you have questions, contact HIRSP Federal Customer Service at (888) 253-2698 or (608) 221-5315.

INFORMATION NEEDED TO CHANGE COVERAGE

Effective January 1, 2012, please change my coverage to:

- | | |
|---|---|
| <input type="checkbox"/> Federal 500 (\$500 deductible) | <input type="checkbox"/> Federal 2,500 (\$2,500 deductible) |
| <input type="checkbox"/> Federal 1,000 (\$1,000 deductible) | <input type="checkbox"/> Federal 3,500 (\$3,500 deductible) |

Name — Member: _____

Street Address: _____ City: _____ State: _____ ZIP Code: _____

HIRSP Member Number: _____	Current Plan:	<input type="checkbox"/> Federal 500	<input type="checkbox"/> Federal 2,500
		<input type="checkbox"/> Federal 1,000	<input type="checkbox"/> Federal 3,500

SIGNATURE — Requestor

Date Signed