RI Executive Office of Health & Human Services
Department of Human Services
Hazard Building 74
74 West Road
Cranston, RI 02920

OPT-OUT FORM
PARENTS LOSING RITE CARE/RITE SHARE COVERAGE
AUTO-ENROLLMENT OPTION

Name
Address
City, State Zip Code

THIS FORM IS ONLY FOR PEOPLE WHO DO NOT WANT TO BE AUTOMATICALLY ENROLLED IN NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND VALUE.

I DO NOT WANT TO PARTICIPATE in the auto-enrollment process. _____

If you checked the above box, please indicate one option below

I plan to enroll in another plan available through HealthSource RI. _____

I have other access to health care coverage on January 1, 2014. _____

I do not know how I will access health care coverage on January 1, 2014. _____

If you do not want to participate in the auto enrollment process, please complete this form and mail it using the enclosed postage paid envelope. NO LATER THAN THURSDAY, DECEMBER 12, 2013
or call Neighborhood Health Plan of Rhode Island at the number shown below to Opt-out by phone

If you do want to be automatically enrolled in Neighborhood Health Plan of Rhode Island VALUE you do not need to do anything.

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To Opt-out or get more information call: **Neighborhood Health Plan of Rhode Island** **1-855-321-9244**	**For more information call:.** **HealthSource RI** Contact Center: 1-855-651-7875 www.healthsourceri.com 70 Royal Little Drive, Providence, RI 02904