

## Health Insurance Premium Payment (HIPP) Program Application

### 1. Case Head Information

Name:	DOB:	Social Security Number:
Address:	City, State, Zip:	Medicaid Case #:
Contact Number 1:	Contact Number 2:	Email:

### 2. Health Insurance Policy Information

- a. Policy Holder Relationship to Medicaid Recipient:    Self    Spouse    Noncustodial Parent    Custodial Parent
- b. Type of Policy:    Individual    Family
- c. Services Covered under Policy (check all that apply):    Hospital    Drug    Doctor    Vision    Dental    Travel Expenses

Policy Holder Name:		DOB:		Policy Holder Social Security #:	
Policy Holder Address:			Policy Holder City, State, Zip:		
Insurance Company Name:		Policy ID Number:	Group Number:		Insurance Company Phone #
Premium Deduction/Payment Schedule: (Ex. Monthly, bi-weekly, etc.)		Current Premium Amount:	Family Premium Amount:		Lower Premium amount available Y/N:
Employer Name:		Employer HR/Payroll Contact Person:		Employer HR/Payroll Contact Telephone:	
Employer Address:			Employer City, State, Zip:		

### 3. List all Persons currently on or that may be Added to this Policy (use extra paper if necessary.)

Name	Relation to Policy Holder	Gender (M/F)	Date of Birth	Medicaid ID Number (If Eligible)	Is this person pregnant? (Yes/No)	Does this person have a disability? (Yes/No)	Are there any Chronic Medical Issues (Yes/NO)	Has this person been diagnosed with cancer, diabetes or HIV? (Yes/No)
1.								
2.								
3.								
4.								
5.								
6.								

4. Are you eligible for health insurance through a former employer (COBRA)?    Yes    No                      Effective Date:                      Termination Date:

5. How did you hear about the Alaska HIPP program? \_\_\_\_\_

By signing the application, you confirm that you understand, accept and agree with the program limitations and conditions described in the HIPP information provided to you. In addition, you further agree to the release of all pertinent information by your employer, health insurance carrier and any other party relevant to the application and determination process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date