

## Application for Texas Health Insurance Premium Payment (HIPP) Program

Print in blue or black ink only.

### GET HIPP

Step 1. Tell us about the person in your family who can get health insurance at work (or another place).		
First name	Last name	
Medicaid ID number (if this person has one)	Social Security number ____-____-____	Date of birth ____/____/____
Address	City	State ZIP
E-mail	Best phone number to call	

Step 2. Tell us about the health insurance or COBRA benefits the person in Step 1 can get. (COBRA is a type of health insurance you can get if you leave a job where you had a health plan.)		
Health insurance company name	Insurance company address	
Policy ID number	Group number	Policy start date ____/____/____ (We only need this if you already get insurance.)
Monthly insurance premium	Is this COBRA insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 3. Tell us about the employer or other place that offers the health insurance or COBRA.		
Employer or company name	Phone	
Address	City	State ZIP

Step 4. Tell us the Medicaid case number for your family. (This number is found on your Medicaid ID card.)
Medicaid case number

Step 5. List the family members who get Medicaid.		
1. First name	Last name	Date of birth ____/____/____
Medicaid ID number	Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the due date? ____/____/____	
2. First name	Last name	Date of birth ____/____/____
Medicaid ID number	Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the due date? ____/____/____	
3. First name	Last name	Date of birth ____/____/____
Medicaid ID number	Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the due date? ____/____/____	
4. First name	Last name	Date of birth ____/____/____
Medicaid ID number	Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the due date? ____/____/____	

Step 6. Send us your forms.	
Send us <b>this form</b> filled out. We also need your employer's <b>Summary of Benefits</b> and <b>Rate Sheet</b> . If you already get insurance, send us a copy of your <b>insurance card</b> .	<b>Fax them for faster service:</b> 1-866-409-1188. OR <b>Mail them to us at the address below.</b>