

STATE OF KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

HEALTH INSURANCE PREMIUM PAYMENT INFORMATION FORM

Fill out this form to see if you and your family could have your health insurance premiums paid for you. To be eligible 1) at least one family member must be currently enrolled in the Kansas Medical Services program and 2) at least one member of your family, who is 18 years of age or older, must be currently employed; OR in cases where a family member has recently lost his or her job, the family member must be eligible for a COBRA insurance plan through his or her former employer. If you have questions or need help in filling out this form call 1-800-967-4660. We may need to contact you if we need more information. **Please print.**

1. PROVIDE US WITH CASE INFORMATION

Name of family member who receives Medicaid.....

Beneficiary ID of family member who receives Medicaid..... Case Number.....

Street Address.....

City..... State..... Zip.....

If we need additional information, we will try to contact you by phone. Which time is the best to reach youAM or PM
Home # (.....)..... Work # (.....)..... Is it o.k. to call you at work? YES NO

2. LIST NAMES AND EMPLOYER INFORMATION FOR ALL PERSONS IN YOUR FAMILY OVER 18 YEARS OF AGE WHO ARE WORKING

1) NAME	SOCIAL SECURITY NUMBER
EMPLOYER NAME EMPLOYER TELEPHONE #	EMPLOYER'S STREET ADDRESS CITY STATE ZIP
2) NAME	SOCIAL SECURITY NUMBER
EMPLOYER EMPLOYER TELEPHONE #	EMPLOYER'S STREET ADDRESS CITY STATE ZIP
3) NAME	SOCIAL SECURITY NUMBER
EMPLOYER EMPLOYER TELEPHONE #	EMPLOYER'S STREET ADDRESS CITY STATE ZIP

3. PLEASE TELL US THE NAME OF ANYONE IN YOUR HOUSEHOLD WHO HAS ANY OF THE FOLLOWING CONDITIONS (Additional health insurance benefits may be available to help cover the costs of these illnesses.)

PREGNANCY_____	ORGAN TRANSPLANT_____	HIV/AIDS_____
DIABETES_____	KIDNEY/LIVER ILLNESS_____	OTHER_____
CANCER_____	HEART CONDITION_____	_____

Return this form in the postage-paid envelope included in your enrollment packet or send to HIPPS Unit, P.O. Box 3571, Topeka, KS 66601 or Fax to (785) 274-4296.

Important note: The information on this form is confidential and will only be used to determine if your family is eligible to have your health insurance premiums paid for you through the HIPPS program.

The HIPPS Program

If a member of your family is employed and someone in your family has a serious illness or high medical bills, please read the following information.

The State of Kansas Health Insurance Premium Payment System (HIPPS) Program may be able to pay your employee health insurance premiums for you.

What are the benefits of participating in the HIPPS program?

- Your employer's health insurance policy may cover services that are not covered by Medicaid.
- The HIPPS program may be able to purchase a plan for your entire family even if only one member of your family is eligible for Kansas Medicaid Services.
- The HIPPS program may be able to purchase a COBRA plan for your family, if a family member has recently lost his or her job and the family has high medical bills.

How do I qualify for the HIPPS program?

- At least one family member must be currently enrolled in the Kansas Medicaid Program.
- At least one family member, who is 18 or older, must be employed OR in cases where a family member has recently lost his or her job, the family member must be eligible for a COBRA insurance plan.
- You must fill out and return the Information Form printed on the back.

If you have questions about the HIPPS program
and how it could help your family
call 1-800-967-4660.