

Application for Texas Health Insurance Premium Payment (HIPP) Program

Print in blue or black ink only.

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 No. (if applicable)	Social Security No.	Date of Birth
Address		City	State	ZIP Code
Email Address			Area Code and Phone No.	

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		Policy Start Date <i>(Only if already have insurance.)</i>	
Insurance Company Mailing Address			
Policy ID No.	Group No.	Monthly Insurance Premium	Is this COBRA insurance? <input type="radio"/> Yes <input type="radio"/> No

Step 3. Tell us about the employer or other place that offers the health insurance or COBRA.			
Employer or Company Name		Area Code and Phone No.	
Mailing Address		City	State ZIP Code

Step 4. Tell us the Medicaid case number for your family. (This number is found on your Medicaid ID card.)
Medicaid Case No.

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

Step 6. Send us your forms.
Send us this form filled out and attach your employer's Summary of Benefits and Rate Sheet with a copy of your insurance card , if you already have insurance.
For faster service, fax: 866-409-1188 or By mail: HIPP Program, P.O. Box 201120, Austin, TX 78720-9774, 800-440-0493.