



HIPP can help save you money each month, which can really add up!

HIPP may pay your employer-sponsored insurance, which is insurance available through your job, if you or a member of your family receives Medicaid.

Employer-sponsored insurance may provide you with:

- » *Healthcare for your entire family—even those not eligible for Medicaid*
- » *Payment for services that Medicaid does not cover*
- » *Access to more healthcare providers, including many specialists*

To qualify, you or a family member must:

- » receive Medicaid benefits
- » have access to employer-sponsored insurance, through an employer or COBRA

Applying for HIPP is easy! Just complete the application on the inside of this brochure and:

fax it toll free:

1-855-888-3333

OR

mail it to:

Attn: NC HIPP
4441 Six Forks Rd, Suite 106-227
Raleigh, North Carolina 27609

Submit an application online at www.MyNCHIPP.com.

Do you have questions or need help filling out the HIPP application?

We're here to help. Call toll free at: 1.855.MyNCHIPP (1-855-696-2447), Monday through Friday between 9am - 6pm.



NC HIPP is a program of the North Carolina Division of Medical Assistance.

Note: Photos do not represent actual members.



NC HIPP
The North Carolina
Health Insurance Premium Payment Program



a program for Medicaid recipients that pays for employer-sponsored insurance—at no cost to you!

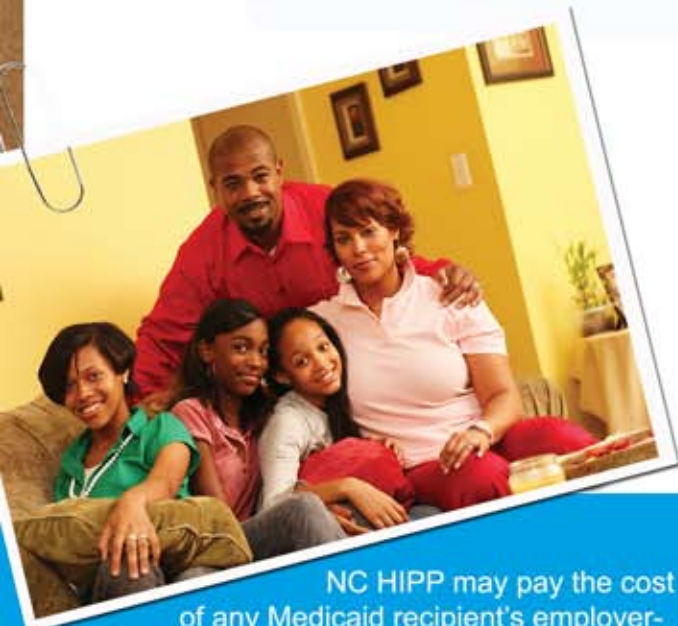


NORTH CAROLINA HEALTH INSURANCE PREMIUM PAYMENT APPLICATION FORM



NC HIPP can help an entire family receive health insurance, for free or at a discount. Healthy families are happy families.

Apply today!



NC HIPP may pay the cost of any Medicaid recipient's employer-sponsored insurance if the cost is found to be less than the recipient's annual medical expenses.

In addition, the program may even pay for your entire family to receive health insurance benefits, even for those that are not Medicaid eligible.

Please fill out questions 1-5 with applicant's personal information.

1. Name:	3. Social Security Number:
2. Address:	4. Area Code/ Phone Number:

5. **EMAIL** (Check box to sign up for email notifications.): Yes, I would like to receive email notifications from NC HIPP instead of receiving paper notices in the mail. I understand that NC HIPP will not use my email for anything other than providing me with information about NC HIPP.

Email Address: _____ Signature _____

If at least one person in your household has insurance through their job or COBRA, please fill out the remainder of this application. If no one in your household has access to insurance through a job or COBRA, please skip down to question 18.

6. Insurance Carrier Name:	10. Policy Number:
7. Insurance Carrier Address:	11. Name of Employer:
	12. Employer Telephone:
8. Policy holder's Name:	13. Employer Address:
9. Policyholder's Social Security Number:	14. Employer Federal Employer Identification Number:

15. Source of Insurance (Check One): Employee Group Plan Self Employed COBRA

16. How are premiums paid (Check One)?

<input type="checkbox"/> Insured pays Insurance Carrier	<input type="checkbox"/> Insured pays Employer	<input type="checkbox"/> Payroll deduction
---	--	--

17. Type of policy coverage: Individual Individual + Child(ren) Individual + Spouse Family

18. What is the premium for this policy (if known)? \$ _____ These premiums are deducted:

<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
---------------------------------	------------------------------------	---------------------------------------	----------------------------------	------------------------------------	--------------------------------

19. List all persons in your household that have Medicaid. (Use extra paper if necessary.)

Name	Medicaid ID Number	Social Security Number	DOB	Medical Condition (Diabetes, HIV, etc)

20. **DIRECT DEPOSIT** (Check box to sign up for Direct Deposit): If accepted onto the NC HIPP program, I would like to participate in Direct Deposit. By doing so, NC HIPP will deposit my payments into my checking or savings account and I will not receive a paper check. If I am not accepted into the program, NC HIPP will properly discard my banking information.

Bank Name: _____ Routing #: _____ Account #: _____

Type of Account (Please Check One): Checking Savings (Please provide a copy of your voided check with this application.)

