

Updates for the Texas Insurance Assistance Program (TIAP)

Complete this form only if you are currently enrolled in THMP.

If you answered YES to Section 3 of the Self-Report, you must complete this form. Applicants who are enrolled in THMP and now have PRIVATE INSURANCE should fill out this form. If you are a new THMP applicant, do not fill out this form. Instead THMP will request this information in **Form: Texas Application For Medication Assistance**. TIAP provides help with co-pays, coinsurance and premiums associated with COBRA plans and private insurance.

Section 1: Personal Information:

1. Last Name:	First Name:	Middle Name:	Suffix (Jr., Sr., III)
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2. Do you have a Social Security Number (SSN)? <input type="checkbox"/> No <input type="checkbox"/> Yes	SSN (if you have one):	3. Date of Birth (mm/dd/yyyy):
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4. As we review your application, we may need to contact you by phone. What is the best phone number to reach you during business hours?

May we leave a voice mail? No Yes

4a. Please provide special instructions on how we should leave a message if you are not available?

Section 2: Insurance Information (Provide a copy of the front and back of your insurance card.)

5. **Are you enrolled in a private insurance plan or you have lost your insurance within the last 90 days?** No (please do not complete this form) Yes (please provide plan information below)

Insurance Name:

Individual Policy Number:

Insurance Phone Number:

Has your health insurance ended? **No** **Yes** If **yes**, provide **date insurance ended**:

6. Do you have an Affordable Care Act (ACA) Marketplace Plan? No Yes

Do you have an Individual, Non-ACA, Off Marketplace Plan? No Yes

Do you have a plan offered through an employer? No Yes

7. Do you have COBRA, or lost your Employer Health Insurance and are interested in COBRA?
 No Yes (If yes, please complete a-b below and submit copies of your COBRA paperwork and your payment coupon book to THMP with this application.)

a. Have you already submitted your COBRA paperwork? No Yes Date Submitted:

COBRA Administrator's Phone Number:

COBRA Election/Enrollment Due Date:

COBRA Initial Payment Due Date:

COBRA Account #:

b. To apply for COBRA assistance, you must call your plan and authorize "The Texas Department of State Health Services Texas Insurance Assistance Program" to speak to your health insurance plan representatives on your behalf. Date Completed:

Section 3: Certification (Signature and date are required.)

My answers are true. This application is for a change in services. My signature below affirms the agreement I signed on my initial THMP application. I verify that the information provided in this form is true and correct to the best of my knowledge.

X.

Date Required (mm/dd/yyyy)

Signature of Applicant (or signature of parent or guardian if the applicant is age 17 years or younger)