



Texas HIV Medication Program (THMP)  
Texas Insurance Assistance Program-PLUS (TIAP-PLUS)  
Client Agreement

**Instructions**

This form must be completed by the applicant or person helping the applicant when submitting the Explanation of Benefits (EOB) for THMP TIAP-PLUS.

**Certification Required**

Select the checkbox (Required)

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Applying for THMP TIAP-PLUS

Client ID:

TIAP-PLUS Client Agreement

By selecting to apply for THMP TIAP-PLUS (as indicated in the checkbox below), I, or the person helping the applicant authorize through my signature below, authorize THMP to make a health insurance binder payment on my behalf to complete the health plan policy enrollment process. A binder payment is the initial health insurance premium due to a health plan to begin coverage under the selected policy. I understand that THMP TIAP-PLUS is not responsible or liable for late payments, late fees, and/or termination of my health policy for missing the binder payment due date.

- I understand that to have a binder payment made on my behalf, I must have active program eligibility.
- If eligible, I accepted the full Advanced Premium Tax Credit (APTC) to help pay for my insurance premium.
- If I qualified for cost-sharing reductions (CSRs), I accepted a silver plan.
- I enrolled in a health insurance plan that was approved by the THMP TIAP-PLUS program.
- I agree to fill all my prescriptions at a Ramsell participating pharmacy. Ramsell helps process payments for prescribed medications at the pharmacy.
- I agree to use the Ramsell copay card to pay for my prescription copayments or my premium assistance with THMP might end.
- I agree to contact THMP with any overpayment or underpayment from the insurance company.
- I agree to contact THMP if there is a change in my insurance company, if my insurance ends, if my income changes, or if my premium amount changes.
- I agree to submit to THMP a premium statement with my account information, billing address, and premium amount. I understand that the premium statement is due to THMP as soon as I receive it.

**Applicant Signature**

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(Applicant Printed Name)

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(Applicant Signature)

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(Client ID)

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(Date Signed)

**Designated Helper Signature**

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(Designated Helper's Printed Name)

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(Designated Helper's Signature)

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(Date Signed)