TEXAS Health and Human Services

Texas Department of State Health Services

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

Instructions

The applicant or the person helping the applicant must complete this form when applying for the THMP TIAP-PLUS program.

Certification Required

Select the checkbox (Required)

☐ Applying for THMP TIAP-PLUS Client ID:

TIAP-PLUS Client Agreement

By choosing to apply for THMP TIAP-PLUS (as indicated in the checkbox above), I, or the person helping the applicant authorize through my signature below, 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, 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 will accept the full Advanced Premium Tax Credit (APTC) to help pay for my insurance premium.
- If I qualify for cost-sharing reductions (CSRs), I will accept a silver plan.
- I will sign up for a health insurance plan authorized 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 overpayments or underpayments 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

_____ _____

(Applicant Printed Name) (Applicant Signature)

_____ _____

(Client ID) (Date Signed)

Designated Helper Signature

_____ _____

(Designated Helper's Printed Name) (Designated Helper's Signature)

_____

(Date Signed)