



Health Insurance Premium Payment (HIPP) Program Application

The HIPP program may reimburse your cost of health insurance premiums when it is cost-effective to cover the Medicaid-eligible members of your household. To see if you qualify for reimbursement, complete this application. If you have any questions or need help filling out this application, please call **515-974-3282** or **1-888-346-9562** (toll-free).

Answer the questions about the person who carries the health insurance (the policyholder).

Policyholder's Name	Home Phone () Work Phone ()
Street Address	City, State, Zip Code
Mailing Address (if different)	City, State, Zip Code

List all the people living in your home – start with the policyholder.

Name (Last, First)	Birth Date Month/Date/Year	Relationship to Policyholder?	Social Security Number	Medicaid State ID Number
		Self		

Information about the health insurance company

Name of Insurance Company	Policy Number
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Mark what kind of health insurance you have:

- Employer Plan – What is your employer's name? _____
- COBRA Policy – What was your employer's name? _____
- Individual or Private Policy – A policy you buy directly from an insurance agent that covers your Medicaid-eligible family members.

Signature of Applicant	Date
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