

3. Further information about private insurance source (if applicable)

a. Name of insurance carrier: _____

b. Group Policy ID No.: _____

c. Policy holder Name & ID No.: _____

d. Name of each child covered: _____

e. Cost per month of coverage for child(ren): _____

(To determine coverage for the child(ren), determine the total cost for family coverage and subtract from this amount to insure all covered individuals except the children).

f. _____ is responsible for paying the premium.

g. Insurance is provided through _____ employment of mother _____ employment of father _____ other source.

If other source, please state who obtained the insurance: _____

4. Further information about public insurance sources (if applicable)

The premium for child(ren) covered by CHIP is: \$_____.

_____ is responsible for paying the premium.

5. Further information about reasons why health insurance is not currently provided (if applicable)

a. _____ (mother) does _____ does not _____ have access to private health insurance.

_____ (father) does _____ does not _____ have access to private health insurance.

b. _____ (name of party) has applied for coverage under

_____ (name of insurance carrier/program).

The status of the application is: _____.

Signature _____

Date: _____

Printed Name _____