For LA HAP Staff Use Only

Reviewer's Initials _____ Data Entry's Initials _____

Date Complete Form Received: _____ Date Updated in System: _____

LOUISIANA HEALTH ACCESS PROGRAM (LA HAP) INSURANCE ADD OR CHANGE FORM

Please print clearly. If you need assistance completing this form, please contact LA HAP at 504-568-7474. The form may be mailed to 1450 Poydras St, Suite 2136, New Orleans, LA 70112 or faxed to 504-568-3157. Remember to include all required documents.

Complete this form if you are an active LA HAP member who has enrolled in or changed your insurance. If you have enrolled in more than one (1) insurance policy (such as separate dental and health plans or Medicare A/B and separate Medicare Part D or supplement plan), complete this form for each insurance policy.

First Name:	**Last Name:**	**Date of Birth: ___/___/_____**

ASSISTANCE INFORMATION

1. What type of assistance are you requesting to add or continue? **Check all that apply**

☐ Health Premiums ☐ Health Copays and Deductibles ☐ Drug Copays and Deductibles

☐ Dental Premiums ☐ Dental Copays and Deductibles

☐ Vision Premiums ☐ Vision Copays and Deductibles

INSURANCE POLICY INFORMATION – All information requested in this section is REQUIRED

If the insurance company requires a premium payment before the policy will start, you may submit this form without the Member ID/Policy # and Group # (questions 5 and 6 below) to allow initial premium payment. However, the Member ID/Policy # and Group # (if applicable) **must be submitted to LA HAP within 2 months of the policy start date** to continue LA HAP insurance assistance.

2. Insurance Policy Type **(If you have more than one (1) insurance policy, complete this form for each insurance policy.)**

☐ Marketplace ☐ Individual (Non-marketplace) ☐ Group / Employer Sponsored ☐ COBRA ☐ Dental ☐ Vision

☐ Medicare Part A ☐ Medicare Part B ☐ Medicare Part C (Advantage) ☐ Medicare Part D ☐ Medicare Supplement

☐ Retiree Group Health ☐ Other Public Coverage (Example: Veterans/TRICARE) ☐ Other, specify: _____

3. Insurance Company & Plan Name (Example: Blue Cross Blue Shield Blue Max 100/80 $1800)

4. Member ID/Policy # (leave blank if not assigned yet)	5. Group # (if applicable; leave blank if not assigned yet)
6. Policy Start Date (MM/DD/YYYY)	7. Policy End Date (MM/DD/YYYY) ***Required only for COBRA***

8. Does your insurance provide prescription drug coverage? ☐ Yes ☐ No

9. Are you requesting insurance premium assistance?

☐ Yes. **Fill** in your insurance premium payment information in questions 10-19. ☐ No. **STOP and submit to LA HAP.**

INSURANCE PREMIUM PAYMENT INFORMATION – All information requested in this section is REQUIRED.

REQUIRED DOCUMENT(S): If you're requesting premium assistance AND (a) you're a new LA HAP client, or (b) you're already a LA HAP client and this is a new plan/the first time you are asking for premium assistance with this plan, you must include a copy of your premium invoice or coupon booklet. Premiums are usually paid directly to the insurance company or third party administrator but can be paid to your employer, if your employer is willing to accept payments from LA HAP. Ask your provider or contact LA HAP for more information.

If you receive any refund or money from the IRS or your insurance company because your premium was overpaid, you MUST return that refund or money to LA HAP.

10. Name of Insurance Company, Employer, **or** Third Party Administrator (Who should the premium check be made out to?)

11. Street Address of Insurance Company, Employer, **or** Third Party Administrator (Where should the premium check be sent?)

12. City	13. State	14. ZIP Code

15. What is the applicant's portion of the insurance premium amount? $_____	16. How often is the premium paid? ☐ Monthly ☐ Quarterly ☐ Semi-Annually (twice a year)
17. Next Payment Due Date (MM/DD/YYYY)	18. Regular Payment Due Date ☐ 1st ☐ 15th ☐ Other: _____

19. Do you have any premium payments that are past due?

☐ Yes. Past due balances **must** be paid before LA HAP can assist with insurance premium payments. Ask your provider or contact LA HAP for more info about resources that might be able to help pay your past due balances. ☐ No