

Texas Insurance Assistance Program Application

⚠️ STOP: Only Applicants who have PRIVATE INSURANCE or have recently lost coverage should fill out this form. If you are newly applying for THMP or need to renew or self-report, please submit this form with the COVID-19 Emergency Application (Through December 31, 2020). If you are on THMP and NOT Renewing and need to report that you now have health insurance or are COBRA-eligible, you can submit this form alone. The Texas Insurance Assistance Program (TIAP) provides help with co-pays, coinsurance and premiums associated with COBRA plans and private insurance.

Section 1: Personal Information:

1. Last Name	First Name	Middle Name	Suffix (Jr., Sr., III)
2. Do you have a SSN? <input type="checkbox"/> No <input type="checkbox"/> Yes	Social Security Number (if you have one):		4. Date of Birth (mm/dd/yyyy):
3. As we are reviewing your application, we may need to contact you by phone. What is the best phone number to reach you during business hours? May we leave a voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3a. What are the best times to be you to be contacted? <input type="checkbox"/> weekdays 8-12 <input type="checkbox"/> weekdays 1-5 <input type="checkbox"/> other:			
If you are not available, are there any special instructions as to how we should leave a message for you?			

Section 2: Insurance Information (provide copy of front and back of insurance card)

4. I am enrolled in a private insurance plan or I have lost my insurance within the last 90 days		<input type="checkbox"/> No (STOP: DO NOT complete this form)	<input type="checkbox"/> Yes (please provide plan information below)
Insurance Name:	Insurance Phone Number:		
Individual Policy Number:	End Date (or Current):		
5. I have an Affordable Care Act (ACA) Marketplace Plan <input type="checkbox"/> Yes <input type="checkbox"/> No I have an Individual, Non-ACA, Off Marketplace Plan <input type="checkbox"/> Yes <input type="checkbox"/> No I have a plan offered through an employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. I have COBRA or I lost my Employer Health Insurance and I am interested in COBRA. <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete a-b below and submit copies of your COBRA paperwork and your payment coupon book to THMP with this application.)			
a. Have you already submitted your COBRA paperwork? <input type="checkbox"/> No <input type="checkbox"/> Yes date submitted:			
COBRA Administrator's Phone Number:			
COBRA Election/Enrollment Due Date:			
COBRA Initial Payment Due Date:			
COBRA Account #:			
b. To apply for COBRA assistance, you must call your plan and authorize "The Texas Department of State Health Services Texas Insurance Assistance Program" to speak to your health insurance plan directly on your behalf. Date completed:			

Section 3: Certification (signature and date are required)

I verify that the above information is true and correct to the best of my knowledge:			
X.			
Signature of Applicant (Or Parent/Guardian if applicant is under 18 years old), or Agency Worker if completed with client over the phone (<i>please print and sign</i>)			Date (<i>required</i>)
In person applications must be signed by the client. Phone applications must include the name of the agency worker completing the form, their signature, and agency name. If submitted electronically, agency worker's typed name in the "worker name" field below constitutes an electronic signature.			
Worker Name	Agency/Program	Phone	Fax