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Incorporation by Reference

"Application for Health Insurance Premium Payment (HIPP) Program, Form PA 41" September
2009 edition

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HEALTH INSURANCE LETTER

Dear Employer:

The Cabinet for Health and Family Services is federally mandated to explore group health insurance plans available through an employer. If a group health insurance plan is available to an employee, the Cabinet will determine if it is cost-effective to pay the premium for the employee.

To help us make the determination for _____, please complete the following questions.

- 1. Does your company have any group health insurance plans available to your employees?
 Yes No If no, skip to item 5.

If your company has more than one group health insurance plan, please provide information on all of the available plans.

- 2. Name of the insurance company _____

Group Plan/Number _____

- 3. When is the open enrollment period for changes to insurance coverage? _____

- 4. What is the employee's share of the premium? Family \$ _____ Single \$ _____

How often are premiums paid? Yearly Monthly Bi-Weekly Weekly

When is the premium due date? _____

How is the premium paid? Payroll deduction Direct payment by employee's personal check

Other (please specify) _____

- 5. Name of individual providing the information _____ Title _____

Name of Company _____ Telephone () _____

Address _____

PLEASE ATTACH A COPY OF THE INSURANCE PLAN AND ENROLLMENT FORM TO THIS LETTER AND RETURN ALL TO THE EMPLOYEE.

If you have any questions, please contact _____ at () _____

I authorize the Department for Medicaid Services to obtain any information regarding my health insurance.

Policyholder Signature _____

DMS USE ONLY

- KHIPP determination: Premium payment approved; enrollment forwarded.
- Premium payment denied.