

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

1. Name of insurance carrier: _____

2. Group Policy ID No.: _____

3. Policy holder Name & ID No.: _____

4. Name of each child covered: _____

5. 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).

6. _____ is responsible for paying the premium.

7. Insurance is provided through employment of mother/employment of father/other source (circle one). 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)

1. _____ (mother) does/does not (circle one) have access to private health insurance. _____ (father) does/does not (circle one) have access to private health insurance.

2. _____ (name of party) has applied for coverage under _____ (name of insurance carrier/program).

The status of the application is: _____.

Date: _____

Signature

Printed Name