



NORTH CAROLINA HEALTH INSURANCE PREMIUM PAYMENT APPLICATION FORM

Please fill out questions 1-5 with applicant's personal information.

1. Name: 2. Address: 3. Social Security Number: 4. Area Code/ Phone Number:

5. EMAIL (Check box to sign up for email notifications.): Yes, I would like to receive email notifications from NC HIPP instead of receiving paper notices in the mail. I understand that NC HIPP will not use my email for anything other than providing me with information about NC HIPP.

Email Address: Signature

If at least one person in your household has insurance through their job or COBRA, please fill out the remainder of this application. If no one in your household has access to insurance through a job or COBRA, please skip down to question 18.

6. Insurance Carrier Name: 7. Insurance Carrier Address: 8. Policy holder's Name: 9. Policyholder's Social Security Number: 10. Policy Number: 11. Name of Employer: 12. Employer Telephone: 13. Employer Address: 14. Employer Federal Employer Identification Number:

15. Source of Insurance (Check One): Employee Group Plan Self Employed COBRA

16. How are premiums paid (Check One)?

Insured pays Insurance Carrier Insured pays Employer Payroll deduction

17. Type of policy coverage: Individual Individual + Child(ren) Individual + Spouse Family

18. What is the premium for this policy (if known)? \$ These premiums are deducted:

Weekly Bi-weekly Semi-Monthly Monthly Quarterly Other

19. List all persons in your household that have Medicaid. (Use extra paper if necessary.)

Table with 5 columns: Name, Medicaid ID Number, Social Security Number, DOB, Medical Condition (Diabetes, HIV, etc)

20. DIRECT DEPOSIT (Check box to sign up for Direct Deposit): If accepted onto the NC HIPP program, I would like to participate in Direct Deposit. By doing so, NC HIPP will deposit my payments into my checking or savings account and I will not receive a paper check. If I am not accepted into the program, NC HIPP will properly discard my banking information.

Bank Name: Routing #: Account #:

Type of Account (Please Check One): Checking Savings (Please provide a copy of your voided check with this application.)

