

This is a Change Form for the Health Insurance Premium Payment Program (HIPP) for Kids

You are required to report all changes that occur in your employment, health insurance or family/household information. Please utilize the coupons below. A new HIPP Application and Employer Insurance Verification (EIV) Form is required for all asterisk (**) items. **Note:** All changes must be reported within 10 calendar days of when the change is known.

Forms for the HIPP for Kids Program can be downloaded at: <http://www.dmas.virginia.gov/rcp-HIPP.htm>

Name of Policyholder: _____ **SSN#:** _____
Name of Medicaid eligible family member: _____ **HIPP#:** _____

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| | | Employee's New Address & Phone Number: |
| | ** | Employment Status: |
| | ** | Name and Address of New Employer: |
| | ** | Name and Address of New Insurance Company: |
| | | Effective Date of New Insurance: **Premium Amount: |
| | ** | Family Members added, canceled, dropped from policy and/or change of address: |

✂ cut here-----

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