

**New Jersey Department of Health
Health Insurance Continuation Program
PO Box 363
Trenton, NJ 08625-0363**

HEALTH INSURANCE INFORMATION

FOR STATE USE ONLY	
Record #	_____
FEIN #	_____
<input type="checkbox"/> W9	<input type="checkbox"/> VCH
<input type="checkbox"/> Vendor Maintenance	

Name	Social Security Number
Street Address	Telephone Number
City, State, Zip Code	

BEFORE WE CAN BEGIN MAKING YOUR INSURANCE PAYMENTS, WE MUST HAVE YOUR ORIGINAL PREMIUM NOTICE(S) FROM YOUR INSURANCE COMPANY, EMPLOYER/FORMER EMPLOYER/UNION THAT INCLUDES INFORMATION ON PREMIUM AMOUNTS, WHEN PAYMENTS ARE DUE, AND WHERE PAYMENTS SHOULD BE SENT.

I hereby authorize having future premium notices sent to the HICP, PO Box 363, Trenton, NJ 08625-0363.
Signature: _____ Date: _____

- Type of Insurance Coverage: Individual Group COBRA
 COBRA Start: ____ / ____ / ____ COBRA End: ____ / ____ / ____
 COBRA Extended: Yes No
 Group Name if Under COBRA: _____
 A Co-Pay - Amount: _____
 B Deductible - Amount: _____
- Insurance Policy through: Current Employer Former Employer Union Self
- Employer or Union Providing Insurance Coverage
 Name: _____
 Address: _____
 City, State, Zip: _____
 County: _____
 Contact Person: _____ Telephone No.: _____
- Names of Other Individuals Covered by This Policy Besides Yourself:

 Family Coverage: Family Single Parent/Child
- Name of Health Insurance Company: _____
 Address: _____
 City, State, Zip: _____
 County: _____ Policy Number: _____
 Telephone No.: _____ Group Number (If Applicable): _____
- Premium Payments
 Amount of Premium Payment: \$ _____
 Monthly Quarterly Other: _____
 Date Next Premium Payment Due: ____ / ____ / ____
 Premium Payments Should be Made Payable to: _____
 Premium Payments Should be Sent to:
 Name of Company: _____
 Address: _____
 City, State, Zip: _____

IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY THE HEALTH INSURANCE CONTINUATION PROGRAM (HICP) OF ANY CHANGE IN INSURANCE PREMIUM, POLICY TYPE, RESIDENCE ADDRESS, OR TELEPHONE NUMBER. ALSO, APPLICANT MUST SEND TO THE HICP THE ORIGINAL OF ALL PREMIUM NOTICES (BILLS) RECEIVED.