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EDMUND G. BROWN JR.
Governor

Insurance Assistance Section

FAX COVERSHEET

(916) 440-5490

DATE:

NUMBER OF PAGES:

(Including Coversheet)

ENROLLMENT WORKER NAME:

PHONE:

CLIENT NAME:

PAYEE NAME:

ANALYST NAME:

DOCUMENT TYPE:

DOCUMENT CHECKLIST:

New Application/Re-Enrollment?

HIPP Application (signed and dated)

Most Recent Insurance Billing Statement

IAS Consent Form

Covered CA Plans: *'Welcome Letter', 'Current Enrollment Summary', 'Renewal' page, or 'Eligibility Results' report from Covered California showing APTC eligibility details*

Covered CA Plans: *For Re-Enrollment, Copy of Most Recent Federal Tax Return, IRS Form 8962, AND Form 1095-A*

Recertification?

HIPP Application (signed and dated)

Most Recent Insurance Billing Statement

Covered CA Plans: *Copy of Most Recent Federal Tax Return, IRS Form 8962, AND Form 1095-A if not already submitted during Re-Enrollment*

NOTES:

THIS COVERSHEET MUST ACCOMPANY ALL FAXES GOING TO CDPH/IAS. ALL DOCUMENTS SUBMITTED WITHOUT THIS COVERSHEET WILL BE DISCARDED.