

AIDS/HIV DRUG ASSISTANCE AND INSURANCE ASSISTANCE PROGRAM INSURANCE ENROLLMENT REPORT

Contact Information

Name - Client Last	First Name	Birth Date (mm/dd/yyyy)
Name - Case Manager	Case Management Agency	

SECTION 1: MARKETPLACE ENROLLMENT INFORMATION

(Check the box that best describes your situation and complete the corresponding information)

<input type="checkbox"/> My income is under 100% of the Federal Poverty Level so I have applied for, or am currently enrolled in BadgerCare.	Date of Application: BadgerCare ID Number:
<input type="checkbox"/> I decline to enroll in health insurance through the Marketplace.	Reason:
<input type="checkbox"/> I am not eligible to enroll in health insurance through the Marketplace.	Reason:
<input type="checkbox"/> I have enrolled in a Silver Plan through the Marketplace.	If you check this box, please complete Section 2.

SECTION 2: INSURANCE POLICY INFORMATION

(Only complete this section if you have enrolled in health insurance through the Marketplace)

IMPORTANT NOTE: If you have enrolled in a Marketplace Silver Plan and want your coverage to start on January 1, 2016, you must complete this form and return to ADAP no later than December 1, 2015 in order for ADAP to send your first premium payment to your insurance company. If you are unable to provide ADAP with this information by December 1, 2015 and still want coverage to begin on January 1, 2016 you are encouraged to pay your first month's premium out-of-pocket and submit proof of payment to ADAP so you can be reimbursed. You still need to complete and return this form to ADAP so future premium payments can be made on your behalf.

Insurance Policy Information

Policy Number	Policy Begin Date	Policy End Date
Name of Insured	Name of Insurance Company	
Insurance Company Address	City	State Zip

Premium Payment Information *Please note you may have to call the insurance company for this information!*

Name of Company the premium check will be made out to:

Address where premium should be mailed to:

Name and telephone number of contact person receiving premium

Regular Premium amount	Next Payment Due	Premium is paid <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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Mail to:
Division of Public Health
Attn: ADAP
PO Box 2659
Madison, WI 53701

Or Fax: 608-266-1288