



# CHIP Renewal Form

Please fill out this form, sign the signature page, and mail it with proof of income by **(REPLY BY DATE)**. Please change any information that is incorrect. Add information that is missing. If you need more space, please use another sheet of paper.

**OR**

You can renew online at [www.compass.state.pa.us](http://www.compass.state.pa.us). If you complete your renewal online, you still need to sign the signature page of this form and mail it to us along with proof of income.

## 1. Parent/Guardian Information

Name	First:	Last:	MI:	SSN:
Address	Street:			Apt. #:
	City:	State:	Zip:	E-mail (optional):
Phone	Home:	Day:	Best time to call:	

### Please CANCEL our CHIP coverage. If you complete this section, STOP HERE!

We hope you were happy with the coverage and service you received through CHIP brought to you by Aetna. To help us improve our service to families, please tell us why you have cancelled your CHIP coverage. You can check more than one box. You can also call us with this information at **1-800-822-2447**.

- |  |  |
|--|--|
| <input type="checkbox"/> We have other health benefits         | <input type="checkbox"/> We have moved out of the area             |
| <input type="checkbox"/> We think our income is too high       | <input type="checkbox"/> We do not want CHIP anymore<br>Why? _____ |
| <input type="checkbox"/> My child doesn't live with me anymore | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> We can no longer afford it            |  |

## 2. Please list all the people who live with you. If you need more space, please use another piece of paper.

Name	Renew CHIP for this person? (Y/N)	Date of Birth (MM/DD/YYYY)	Social Security Number	Is this person a student? (Y/N)	How is this person related to you?	Is this person pregnant?	Does this person have a permanent disability? (Y/N)
					<b>SELF</b>		

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2a. Do you want to add another child to CHIP? If yes:	
Name	Is this child a US citizen or legal resident? (yes or no)

### 3. Income Information

Please tell us about your household's current income. Income includes paychecks, Social Security, self-employment, pension/retirement, Worker's Compensation, child support and unemployment benefits.

**You must send us proof of income.** Send copies, we cannot send originals back to you.

If you have any questions about what counts as income, please call **1-800-822-2447**.

Source	Whose income is this?	How often is this paid? (weekly, every two weeks, monthly or yearly)	How much? (amount before taxes)

### 4. Does anyone pay for child or adult daycare for a member of the household? If yes:

Who is in care?	How much each month?	How many months each year?

### 5. Does anyone have a health card that is not CHIP that they use for health care? If yes:

Insurance Company:		Name on Policy:		Who is covered?	
Policy Number:		Group Number/Name:		When did it start?	
				When did/will it stop?	
What is covered?	<input type="checkbox"/> Hospital care	<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Vision		
	<input type="checkbox"/> Doctor's visits	<input type="checkbox"/> Dental			

Questions? Call **1-800-822-2447**, Monday to Friday, 8 a.m. to 4:30 p.m. The call is free.

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## SIGNATURE PAGE

- You must sign this page and include it with the renewal form.
- If you renew online, sign this page and send it with your proof of income by <<DUE DATE>>.
- Use the return envelope provided.

I hereby certify that I have read and fully understand this form and have answered the questions truthfully. I understand that if some or all of my children do not qualify for CHIP, they may qualify for Medicaid. If this is the case, I will allow CHIP to give my name and the information on this form to the Department of Public Welfare.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Remember to send this page with your proof of income!**

### Proof of income is:

- A copy of one pay stub from the last 60 days OR a note from your employer with your gross income and how often you get paid
- Unemployment check stubs and award letter
- Social Security, pension or Worker's Compensation check, award letter or bank statement
- If you are self-employed, a copy of last year's tax return OR a list of your expenses and income
- Copies of support orders or checks if you receive regular child support

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