



Pennsylvania's Children's
Health Insurance Program

We Cover All Kids.

*Commonwealth of Pennsylvania
Edward G. Rendell, Governor*

Where children belong.



Renewal Form

UPMC *for Kids*[™]

A Product of UPMC Health Plan



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UPMC *for Kids* CHIP Renewal Form

There are three easy ways to renew CHIP coverage! To keep CHIP coverage, you can:

1. RENEW ONLINE USING COMPASS:

(If you apply online, most of your information will already be filled in for you, which will save you time).

- Go to www.compass.state.pa.us and click on “Renew your benefits”;
- Select “A Pennsylvania Insurance Department benefit(s): Children’s Health Insurance Program (CHIP) or adultBasic” and click “Continue”;
- Enter your UFI, Member ID, and Renewal Month and click “Continue”;
- Update or add any information by following the online instructions;
- Click “Submit” when you are finished; and
- You will still need to mail or fax us your proof of current income. Please write your **E-form number** (provided by COMPASS) on your documents.
- Mail your proof of current income copies to UPMC *for Kids*, P.O. Box 2875, Pittsburgh, PA 15230 or fax to 412-454-5937.
- If you need help while using COMPASS, click the “Help” link or call 1-800-986-KIDS (5437).

2. RENEW OVER THE PHONE:

- Call UPMC *for Kids* at 1-800-978-8762 to renew over the phone. You will need the same information listed above.
- You will still need to sign the last page of this form and mail or fax it and copies of your proof of income to us. Please be sure to write your **E-form number** (provided by the phone representative) on all of your documents.
- Mail the signature page with your proof of current income copies to UPMC *for Kids*, P.O. Box 2875, Pittsburgh, PA 15230 or fax to 412-454-5937.

3. RENEW USING THIS PAPER FORM:

- Fill out this form, sign page 4, and provide copies of your proof of current income; and
- Mail your entire renewal form with your proof of current income copies to UPMC *for Kids*, P.O. Box 2875, Pittsburgh, PA 15230 or fax to 412-454-5937.

If you have any questions or need help with your renewal, please call UPMC *for Kids* at 1-800-978-8762. Our staff will be happy to help. UPMC *for Kids* staff members are available Monday through Friday from 8 a.m. to 5:30 p.m. TTY users please call 1-800-361-2629.

Sincerely,

UPMC *for Kids*

Si necesita ayuda para traducir esta información, por favor comuníquese con el departamento de Ventas del UPMC para Niños al 1-800-978-8762. Estos servicios están disponibles de lunes a viernes, de 8:00 a.m. a 5:30 p.m. Los usuarios del sistema TTY deberán llamar al 1-800-361-2629.

UPMC for Kids CHIP Renewal Form

1. Household Information:

Head of Household Name:	First:	Last:	MI:	Suffix:
Address:	Street:			DOB:*
	City:	State:	Zip:	County:
Phone/Contact:	Primary Phone:		Alternate Phone:	
	Best time to call:		E-mail (optional):	

2. Household Individuals. Please list all the people who live in your household. †

Name	Are you applying for or renewing health benefits for this person?	Date of Birth* <small>(MM / DD / YYYY)</small>	Social Security Number**	Citizenship Status	Marital Status	Is this person a student?	How is this person related to the Head of Household?
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	

* You must include the date of birth for all people in the household. ** If you are not renewing for this person, you can leave this space blank.

† If there are additional members of your household not listed on this form, please use the extra spaces or attach a separate sheet of paper.

Are any of the people listed above no longer living in your household? If yes, write their names in this space:

3. Income Information. In the next two sections, please tell us about your household's earned and unearned income. You must send us proof of income.

Proof of earned and unearned income is:

- One pay stub from the last 60 days (send more stubs if your pay changes regularly) **OR** a note from your employer with your gross income and how often you get paid
- If you are self-employed: last year's tax return with all schedules **OR** a list of your income and expenses
- Unemployment check stubs and award letter
- Social Security, pension or workers' compensation check, award letter or bank statement showing gross amount
- Copies of support order or checks, if you receive regular child support

3a. Earned Income. Earned income includes income from a job or self-employment. You must send us proof of income (as listed above). Send copies — we cannot send originals back to you. Add an additional sheet of paper for additional earned income.

Income # 1

Whose income is this?	Income Source:	Do you still have this income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Business Name:	How much income is paid (amount before taxes)?	How often is this amount received (weekly, every two weeks, monthly, or yearly)?

Income # 2

Whose income is this?	Income Source:	Do you still have this income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Business Name:	How much income is paid (amount before taxes)?	How often is this amount received (weekly, every two weeks, monthly, or yearly)?

Income # 3

Whose income is this?	Income Source:	Do you still have this income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Business Name:	How much income is paid (amount before taxes)?	How often is this amount received (weekly, every two weeks, monthly, or yearly)?

Income # 4

Whose income is this?	Income Source:	Do you still have this income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Business Name:	How much income is paid (amount before taxes)?	How often is this amount received (weekly, every two weeks, monthly, or yearly)?

Income # 5

Whose income is this?	Income Source:	Do you still have this income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Business Name:	How much income is paid (amount before taxes)?	How often is this amount received (weekly, every two weeks, monthly, or yearly)?

3b. Unearned Income. Unearned income sources include income from retirement/pension plans, worker's compensation, social security, child support payments, and unemployment benefits. You must send us proof of income (as listed above). Send copies — we cannot send originals back to you. Add an additional sheet of paper for additional unearned incomes.

Whose income is this?	Income Source:	Do you still have this income?	How much income is paid? (amount before taxes)	How often is this amount received? (weekly, every two weeks, monthly, yearly)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Yes No (If yes, complete the questions below)

Who is in care?	How much is paid each month?	How many months each year?	Who in the home pays for this care?	Do you still have this expense?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Does anyone have a health insurance card that is not CHIP that they use for health care?

Yes No (If yes, complete the fields below)

Insurance Company:	Name on Policy:	Who is covered? (list everyone covered)	
Policy Number:	Group Number/Name:	When did it start?	When did/will it stop?

What is covered? (check all that apply) Dental Doctor/Outpatient Drugs (prescription) Eye Care
 Hospital/Nursing home Medicare Part A Medicare Part B Medicare Part D Medicaid

6. Is anyone pregnant?

Yes No (If yes, list them below)

Name:	Due Date:

7. Does anyone have a permanent disability?

Yes No (If yes, list them below)

Name:	Type of Disability:

UPMC for Kids CHIP Renewal Form — Signature Page

- You must **sign below** if you are using this paper form to renew your child(ren)'s CHIP benefits. Remember to also send copies of your proof of income.
- If you renew over the phone or online through COMPASS, you must send us copies of your proof of income by the renewal date printed on your renewal reminder notice. Please write your **E-form number** (provided by the phone representative or by COMPASS) on all of your documents.

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 Medical Assistance. 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: X _____

DATE: _____

PRINT NAME: X _____

Remember to send your proof of income!

(You must send in proof for all sources of income in order for your renewal application to be complete)

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
- Copies of child support orders, checks or bank statements showing clearly identified support payments. Visit www.childsupport.state.pa.us for a computerized payment history
- If you are self employed, a copy of last year's tax return (Form 1040 and Schedule C) OR if newly self-employed, a list of your expenses and income (Profit/Loss Statement)
- Unemployment award letter or check stubs showing gross wages
- Social Security, pension or workers' compensation award letter, or check or bank statement showing the gross amount

Send renewal application and proof of income to:

UPMC for Kids
P.O. Box 2875
Pittsburgh, PA 15230

Or fax to **412-454-5937**

If you would like a copy of this application in Spanish, please call us at 1-800-978-8762, Monday through Friday, 8 a.m. to 5:30 p.m. TTY users should call 1-800-361-2629.

Sí desea una copia de esta solicitud en Español llámenos al 1-800-978-8762, de lunes a viernes, 8 a.m. a 5:30 p.m. Los usuarios de equipo teleescitor (TTY) deben llamar al 1-800-361-2629.

Questions? Call 1-800-978-8762, or TTY users call 1-800-361-2629, Monday through Friday from 8 a.m. to 5:30 p.m. The call is free.

This managed care plan may not cover all your health care expenses. Read all UPMC for Kids material carefully to determine which health care services are covered.



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Edward G. Rendell, Governor*

www.chipcoverspakids.com

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PO Box 2876
Pittsburgh, PA 15230

Member Services: 1-800-650-8762
TTY Services: 1-800-361-2629
Visit us online at:
www.upmchealthplan.com/upmcforkids

**This managed care plan may not
cover all of your health care expenses.**

**Read all your UPMC *for Kids*[™] materials
carefully to determine which health care
services are covered.**