



**Kansas Medical Assistance Program**  
 P O Box 3571  
 Topeka, KS 66601-3571  
 Provider 1-800-933-6593  
 Beneficiary 1-800-766-9012

## Beneficiary Insurance Premium Payment Assistance

Contact information		
Name	Home phone number	Work phone number
Best contact time(s)		Can we contact you at work?

KMAP beneficiary information	
Name(s)	Beneficiary ID (BID) or case number

Names and employer information*		
Working family member	Social Security number	Employer name
Employer's phone number	Employer's street address	City, state, and ZIP code
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Employer's phone number	Employer's street address	City, state, and ZIP code

\*Provide information for all family members over 18 who are currently working.

List the name(s) of any KMAP beneficiaries with any of the following conditions		
Pregnancy:	Organ transplant:	HIV/AIDS:
Diabetes:	Kidney/liver illness:	Cancer:
Heart condition:	Other:	Other:

Current insurance information, if applicable		
Policy number	Group number	Coverage(s)*
Policy effective date	Policy termination date	Comments
Policy number	Group number	Coverage(s)*
Policy effective date	Policy termination date	Comments

\*Such as medical, dental, Rx.

Additional comments

Send the completed form to the **HIPPS department**.

Mail: PO Box 3571, Topeka, Kansas 66601

Fax number: 785.274.5918

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