

## Section 4: Health Insurance

If you have other health insurance, your family may still be eligible for NJ FamilyCare.

- If anyone listed in Section 1, who wishes NJ FamilyCare, has other health insurance now, please give their names, below:  
 Name(s) of Insured \_\_\_\_\_  
 Insurer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ ID No. \_\_\_\_\_ or Policy No. \_\_\_\_\_  
 Is this insurance provided through an employer? Yes  No
- If anyone listed in Section 1 is currently receiving Medicaid, please give names below:  
 Name \_\_\_\_\_ ID No. \_\_\_\_\_ Name \_\_\_\_\_ ID No. \_\_\_\_\_  
 Name \_\_\_\_\_ ID No. \_\_\_\_\_ Name \_\_\_\_\_ ID No. \_\_\_\_\_  
 Name \_\_\_\_\_ ID No. \_\_\_\_\_ Name \_\_\_\_\_ ID No. \_\_\_\_\_
- If anyone listed in Section 1, who wishes NJ FamilyCare, lost health insurance in the last six months, please give their names below:  
 Name(s) \_\_\_\_\_  
 Insurer \_\_\_\_\_ ID No. or Policy No. \_\_\_\_\_ Insurer Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Termination Date \_\_\_\_\_ (Show proof of termination) Was it through an employer? Yes  No   
 Was it COBRA coverage? Yes  No  Why was it dropped? Changed jobs  Laid off   
 Other (explain below)  \_\_\_\_\_
- Could you get health insurance through your employer if you wanted it? Yes  No
- Is there a lawsuit, worker's compensation award or insurance payment pending for anyone in the household applying for NJ FamilyCare?  
 Yes  No  If so, who \_\_\_\_\_ Please give name and address of attorney, below: \_\_\_\_\_

## Your Rights and Responsibilities

- I have completed this application so it can be determined if my family can receive NJ FamilyCare health insurance. I understand that NJ FamilyCare will follow federal and state laws in reviewing my application, and I have the right to question any decisions made.
- I understand that all information is private, and that I may be asked to provide additional information.
- I understand that I must report any change in information to NJ FamilyCare, including additional children, or other household members, change of address, changes in household income, or health insurance obtained through an employer or other source.
- I understand the information that I have given is subject to verification and, by signing this document, I give permission to contact any agencies, including but not limited to, Social Security and wage benefits files, and state wage and unemployment files, for the sole purpose of verifying information I have provided. Information given will be used only in connection with this application for NJ FamilyCare.
- I understand this insurance will need to be renewed annually.
- I understand that anyone who knowingly gives false information on this application is committing a crime and can be punished under federal and state laws. I agree that everything on this application form is the truth, to the best of my knowledge.
- I understand the NJ FamilyCare program may release information about the status of my application to the enrollment site that helped me complete it.
- I understand that, after my application is completed and reviewed, I will be given the most complete coverage for which I qualify.
- I understand that, by signing this application, I am authorized to sign for all persons listed.
- Any rights to payment for medical care from any third party are hereby assigned to the Commissioner of Human Services as a condition of eligibility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This program does not discriminate against anyone because of race, age, color, religion, sex, national origin, marital status, disability or political belief.



Affordable health coverage. Quality care.

New Jersey Department of Human Services  
 Christie Whitman, Governor  
 Michele K. Guhl, Commissioner

1-800-701-0710

TTY 1-800-701-0720 (for hearing impaired individuals)

NJ Family Care, P.O. Box 4818, Trenton, NJ 08650-8955

www.njfamilycare.org

Tuesday, Wednesday & Friday: 8:30 AM to 5 PM

Monday & Thursday: 8:30 AM to 7 PM

For Agency Use Only

Enrollment Site #:

Agency Employee:

Date: