



KPMAS CHAP Reapplication/Open Enrollment Community Partner Verification Form

Organization Name:

Telephone Number:

Email Address:

Select Application Period:

Reapplication (8/1 to 10/1)

Open Enrollment (11/1 to 12/15)

Group/Subgroup Identification: select the state where the member resides

Maryland (2102-21)

Virginia (2100-13)

Primary & Family Information

Sample: First Name / Last Name

Community Partner Signature

I attest that the member(s) above meets the eligibility criteria for the CHAP. I understand and agree that I will commit to serving as a secondary point of contact for the National Program Office Membership Administration regarding follow up or outstanding questions. I affirm and certify that all the information on the CHAP application is true and correct to the best of my knowledge.

Signature of person completing form

Signature of person submitting (if different above)

Date of Signature