



Community Health Coverage Program (CHCP) Reapplication Tip Sheet

Note: This Tip Sheet is an internal document intended to help navigate the Reapplication Form & Process.

Current Subsidy End Date: 12/31/2025

New Subsidy Date for Approved Reapplications: 1/1/2026 – 12/31/2026

Reapplication Submissions:

- Members can submit their reapplication forms and documentation by using one of the following options:

<u>By email (*Preferred*)</u> CHC-Applications@kp.org (Include "application" in the subject line)	<u>By fax</u> 1-855-355-5334	<u>By mail</u> Kaiser Permanente Attn: CHC P.O. Box 939095 San Diego, CA 92193—3127
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- If Submitting by FAX- Advise the member to keep the fax confirmation page as evidence of submission.
- It is important that members include all applicable supporting documentation (Refer to Section 4 below for important income-reporting reminders.)

Tips for faster processing:

- Filling out the Reapplication Form
 - Submit a typed fillable PDF reapplication form to speed up application processing.
 - The form would need to be scanned along with supporting documentation electronically (refer to the "Scanning and Emailing Documents" tip sheet for instructions on how to scan and email reapplication forms).
 - If notes are included on the form, please type, or print them clearly for faster processing.
- Translation Requests
 - Notes that are not written in English on the reapplication form will need to be submitted for translation, which may delay processing.

Important Reapplication-Form reminders – Sections 1, 2, 3, 4, 5, 6, 7 and 8:

- Section 1-Member Information and Section 3-Family Information:**
 - All reapplying members on the form must answer ALL Yes/No questions:
 - Offered health coverage through an employer?**
 - U.S. citizen?**
 - Only members who answer "No" to a U.S. citizen?** must also answer: Permanent Resident Question
 - A Lawful Permanent Resident?** (Yes or No) If Yes, how many years?

- Indicate Preferred language spoken, and Preferred language read (if not English).
- **Section 2- Parent or Legal Guardian (if applicable):**
 - Section 2 should only be completed by a parent or legal guardian of a member under 18 and NOT a CHC member themselves. The child's information should be entered into Section 1- Member Information. Eligibility will not be assessed for any members that are included in this section.
 - Indicate **Preferred language spoken, and Preferred language read** (if not English).
- **Section 3- Family Information (if applicable):**
 - If you have more than 3 dependents reapplying, please copy this page and fill out the same information requested below for each additional dependent.
 - Each additional dependent must answer all Yes/No questions.
- **Section 4- (Subsections A-C) Household Income (Required):**
 - (A): Members must:
 - Answer **"...total number of family members live in your household..."**.
 - See the form for a description of whom to include.
 - Be sure to include family members living with you even if they are not CHC members.
 - Answer **"...how many of the family members counted in A above contribute to your household income..."**.
 - (B): Submit documentation showing proof of income and/or deductions for each family member counted in Section 4, Subsection (B) of the form.
 - (C): Current proof of income should follow the guidelines below:
 - Make sure income documentation (such as paystubs) show the **frequency of income** (for example, how often the member gets paid). We need this information to calculate annualized income.
 - Self-Employed members providing Bank/Debit Card Statements with evidence of direct deposit or payroll **must** indicate the name of the business and the **frequency of income** on the bank statements if used as evidence of self-employment.
 - Do not send Credit Card statements as documentation/proof of income or deductions.
 - Do not include member tax return if paystubs are submitted. Only the most recent income documentation will be used to calculate annualized income.
 - Do not include monetary gifts as income.
 - If reporting \$0 income, documentation is not required but needs to be indicated under Section 4: Household income as \$0 and/or "I do not work" selected.
- **Section 5- Options if you are not eligible:**
 - It is Important that the member understands that if they do NOT qualify for subsidy, they will still be enrolled in Kaiser's Individual Plan, and responsible for all full monthly premiums and out-of-pocket costs. If the member does NOT wish to continue their plan (if they don't qualify for 2025 subsidy), instruct the member to fill out section 5 to be automatically disenrolled in the event they are denied subsidy.
- **Section 6- Community Partner Verification:**

- If application is submitted by Community Partner, ensure the details of this section are completed in order to track applications by Community Partners.
- **Section 7- Choose an Authorized Representative:**
 - If appointing an authorized representative, the primary member must sign Section 7 (or parent/legal guardian if primary member is under age 18).
 - Community partners or authorized representatives do NOT sign Section 7.
 - For CA, CO, and HI regions the community partner details must be filled out to release application status details to the community partner.
- **Section 8- Sign the Reapplication Agreement:**
 - Primary member must sign Section 8 (or parent/legal guardian if primary member is under age 18).