Reset Form

PENDING VERIFICATIONS FOR HOOSIER HEALTHWISE APPLICANTS

State Form 48552 (R / 2-05) / FI 0015

Name of Applicant

Thank you for your application for Hoosier Healthwise. You applied on _____ at _____ , Enrollment Center. The person who assisted you with your application was _____ , who can be reached by telephone at _____, if you have any questions.

For information about how to pick a doctor, please call the hoosier healthwise helpline at 1-800-889-9949

Check all boxes that apply:

☐ **We do not need any more information from you at this time.**

☐ **We need more information.**

The boxes checked below indicate the information or papers you must provide in order for your application to be finished and eligibility determined. If you have any problems in getting this information or have questions, please contact your interviewer who is listed above.

You must submit the information by _____
or your application for Hoosier Healthwise will be denied.

☐ **Social Security Numbers.**

☐ **Documentation of Pregnancy.**
A signed statement from a licensed health professional that includes your due date.

☐ **Other health insurance coverage.**
The identification card, premium payment book, insurance policy, or a statement from your employer.

☐ **Immigration status.**
Documentation issued to you by the INS (*Immigration and Naturalization Service*) that shows your immigration status.

☐ **Proof of income.**
Any document from the agency, company, or person that pays you that shows the amount of money you receive and how often it is paid. For employment, we need pay stubs, or a statement from your employer. For self-employment, we need your last year's income tax return and receipts of income and business expenses.

☐ **Other information:**

_____
_____
_____
_____
_____
_____

Signature of applicant	Date (*month, day, year*)
Signature of interviewer	Date (*month, day, year*)

DISTRIBUTION: White - Applicant; Canary- COFR