

CHIP

Change Guidelines

These guidelines are provided for your reference when completing a CHIP Change Request Form. For some changes, requests must be received by the 15th of the month to be effective the 1st of the next month. For example, if the CHIP office receives a change request on February 17, the change will be made effective April 1, not March 1. **NOTE:** All change requests must be submitted in writing to CHIP in order to be considered.

	Type of Change	Last Possible Request Date	for Effective Date:
Billing	Billing Method - from Monthly Bank Draft to Quarterly	15 th day of the month preceding the next quarter (March 15, June 15, September 15, December 15).	1 st day of the next quarter (January 1, April 1, July 1, October 1).
	Billing Method - from Quarterly to Monthly Bank Draft	15 th day of the last month of the current quarter. You must submit a Monthly Bank Draft form and a voided check with your request.	1 st of the month after the current quarter. <i>Note:</i> You must pay <u>by check</u> until your draft begins (30 - 60 days after draft information is received).
	Change Bank Account to be Drafted	15 th of the current month. You must submit a new Monthly Bank Draft form and a voided check with your request.	1 st of the next month. <i>Note:</i> You must pay <u>by check</u> until your new draft begins (30 - 60 days after draft information is received).
Deductible	Deductible Increase (example: \$1,000 to \$5,000)	15 th of the current month.	1 st of the next month.
	Deductible Decrease (example: \$5,000 to \$1,000)	December 15 th of the current year. (Please do not submit before October 1 st .)	January 1 st of the next year. (Decreases can <u>only</u> be made effective on January 1 st of the calendar year.)
Tobacco Use	Tobacco User to Non-Tobacco User	If you have been tobacco-free for 12 months, submit a letter from your physician certifying this and return by the 15 th of the current month.	1 st of the next month.
	Non-Tobacco User to Tobacco User	Notify CHIP in writing, verifying the date tobacco use began. Submit to CHIP by the 15 th of the current month.	1 st of the next month.
Effective Date	Note: Our standard procedure is to assign the earliest possible effective date. If a later date is desired, see below:		
	Effective Date Change - Federally Eligible	Within 30 days of Approval Letter date.	1 st of a month (must be within 62 days of group or COBRA coverage ending).
	Effective Date Change - Resident Eligible	Within 30 days of Approval Letter date.	1 st of a month (must be within 90 days of the date application was signed).
Cancellation	Terminate Policy because you obtain other insurance or Medicare	Within 30 days of your other coverage starting. Submit a copy of your other insurance card to ensure proper termination date for CHIP.	If other coverage begins on the first of a month, your CHIP policy will be terminated the end of the prior month. Otherwise, your CHIP policy will be terminated the end of the month in which your other coverage begins.
	Terminate Policy for reasons other than other insurance	Last day of the month.	Last day of same month, or your paid-through date, whichever is earlier.