



2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA) EMPLOYER HEALTH INSURANCE DATA FORM

Employee: _____ Social Security #: _____

Please provide the following information. See Page 2 for address, fax number, and email address.

- 1. Please attach a copy of the 2022 Benefit Rate Sheet to this form.
2. Name of plan the employee has chosen
3. Number of employee pay periods for 2022
4. Number of times the premium will be deducted from employee's paycheck in 2022
5. Amount of the premium you (the employer) are responsible for paying per pay period \$
6. Amount of the premium the (employee) is responsible for paying (medical only) per pay period \$
7. Start date and end date for open enrollment through
8. Effective date of changes made during open enrollment
9. Name of insurance carrier(s) for your company's medical benefits
10. Company Federal Employee Identification Number/Tax ID (FEIN):
11. Number of individuals employed by your company:
12. Is your company a state employer? Yes / No
13. Does your company reside in the state of Georgia? Yes / No

Name/Address of Insurance Carrier

Name/Address of Employer

Blank lines for entering insurance carrier and employer information.

Insurance Carrier Phone Number: _____

Policy Number

Group Number

Completed By (Employer Signature)

Date

Phone Number

Print Name/ Employer Title



Employer Health Insurance Data Form
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Please return completed form to:

GAINWELLTECHNOLOGIES/CHIPRA UNIT

100 Crescent Centre Parkway

Suite 1000

Tucker, GA 30084

Phone: (678)564-1162, Option 2

Fax: (855)777-0202

Email: chipra@gainwelltechnologies.com (for attachments PDF format is preferred)

If you have any questions, please contact GAINWELL TECHNOLOGIES/CHIPRA Unit at (678)564-1162, Option 2.