



Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 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 **2023** Benefit Rate Sheet to this form.
2. Name of plan the employee has chosen \_\_\_\_\_.
3. Number of employee pay periods for **2023** \_\_\_\_\_.
4. Number of times the premium will be deducted from employee's paycheck in **2023** \_\_\_\_\_.
5. Amount of the premium you (**the employer**) are responsible for paying per pay period \$ \_\_\_\_\_.  
(Please do not include a percentage)
6. Amount of the premium the (**employee**) is responsible for paying (medical only) per pay period \$ \_\_\_\_\_.  
(Please do not include a percentage)
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): \_\_\_\_\_.  
(Must be provided)
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*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier Phone Number: \_\_\_\_\_

Policy Number

Group Number

Completed By (Employer Signature)

Date

Phone Number

Print Name/ Employer Title



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Employer Health Insurance Data Form  
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Please return completed form to:

Gainwell Technologies/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](mailto:chipra@gainwelltechnologies.com) (for attachments PDF format is preferred)

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