



Brian P. Kemp, Governor

Dean Burke, MD, Commissioner

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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 2026 Benefit Rate Sheet to this form.
2. Name of plan the employee has chosen
3. Number of employees pay periods for 2026
4. Number of times the premium will be deducted from employee's paycheck in 2026
5. Amount of the premium you the employer is 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 – 2026 Case  
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Please return completed form to:

Gainwell  
Technologies/CHIPRA UNIT  
100 Crescent Centre Parkway  
Suite 1000  
Tucker, GA 30084  
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 Gainwell Technologies/CHIPRA Unit at (678) 564-1162, Option 2.