



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

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM 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 2025 Benefit Rate Sheet to this form.
2. Name of plan the employee has chosen
3. Number of employee pay periods for 2025
4. Number of times the premium will be deducted from employee's paycheck in 2025
5. Amount of the premium 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



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Employer Health Insurance Data Form
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Please return completed form to:

Gainwell Technologies/HIPP UNIT
100 Crescent Centre Parkway
Suite 1000
Tucker, GA 30084
Phone: (678) 564-1162, Option 1
Fax: (800) 817-1769
Email: hippga@gainwelltechnologies.com (for attachments PDF format is preferred)

If you have any questions, please contact Gainwell Technologies/HIPP Unit at (678) 564-1162, Option 1.