

TIAP PLUS Information Form for New and Existing Marketplace Plans

Client Name Used to Sign Up for Insurance:

TCT ID:

Client Contact Number:

NEW

RE-ENROLL

1. Insurance Billing Name:

2. Address Client Used to Sign Up for Insurance Include Zip code:

City

State

Zip Code

3. Insurance Contact Number:

4. Client Insurance Member ID/Account Number:

5. Marketplace Account Number:

6. Effective Start Date:

7. Monthly Premium Amount:

8. Amount Currently Due:

9. Bond Premium Due Date:

10. Date Last Invoice Paid:

Contact Information

Texas HIV Medication Program Phone
Number 1-800-255-1090

TakeChargeTexas.gov

