



Texas HIV Medication Program (THMP) Affordable Care Act (ACA) Insurance Assistance
Program
Client Agreement

Instructions

This form must be completed by the applicant or person helping the applicant when submitting the Explanation of Benefits (EOB) for THMP Texas Insurance Assistance Program (TIAP).

Certification Required

Select the checkbox (Required)

Applying for THMP ACA Premium Assistance

By selecting to apply for THMP ACA Premium Assistance, as indicated in the checkbox above, I or the person helping the applicant authorize through my signature below, for THMP to make a health insurance binder payment on my behalf to complete the health plan policy enrollment process. A binder payment is the initial health insurance premium due to a health plan to begin coverage under the selected policy. I understand that THMP TIAP is not responsible or liable for late payments, late fees and/or termination of my health policy for missing the binder payment due date.

- I understand that to have a binder payment made on my behalf, I must have active program eligibility.
- If eligible, I accepted the full Advanced Premium Tax Credit (APTC), to help pay for my insurance premium.
- If I qualified for cost sharing reductions (CSRs), I accepted a silver plan.
- I enrolled into a health insurance plan that was approved by the Texas THMP TIAP program.

Applicant Signature

(Applicant Printed Name)

(Applicant Signature)

(Client ID)

(Date Signed)

Designated Helper Signature

(Designated Helper's Printed Name)

(Designated Helper's Signature)

(Date Signed)