



Health Insurance Risk-Sharing Plan

1751 W. Broadway – P.O. Box 8961 – Madison, WI 53708-8961
(800) 828-4777 or (608) 221-4551

TO: Health Insurance Risk-Sharing Plan (HIRSP) Applicants
FROM: HIRSP Customer Service
SUBJECT: HIRSP Application Packet

Thank you for your interest in the Health Insurance Risk-Sharing Plan (HIRSP), which offers health insurance to Wisconsin residents who are unable to find adequate health insurance coverage in the private market due to their medical conditions or who have lost their employer-sponsored group health insurance.

Included with this memo are the following:

- **Outline of Coverage Brochure.** Refer to the outline to learn more about HIRSP coverage.
- **Application for HIRSP Coverage.** Complete this application, sign it, and return it to HIRSP if you wish to apply for coverage. Include with your application any requested supporting documentation and payment for the full amount of your first quarter's insurance premium.

Important Note to Applicants: If you have lost employer-sponsored group health insurance, you may be eligible for a waiver of the six month waiting period for coverage of pre-existing conditions. In order to qualify for this waiver, you must submit a complete application within 63 days of the date you lost your employer-sponsored group health insurance and must meet criteria for an "eligible individual" as outlined in the application.

- **Premium Rate Table.** Find the amount of your quarterly insurance premium using the instructions on the back of the rate table.

Important Note to Applicants: You must include the full payment for the first quarter's premium with your application. Without full payment, the processing of your application will be delayed.

- **Application for Reduced Premium, Deductible, and Drug Coinsurance.** Reductions in premium, deductible, and drug coinsurance out-of-pocket maximum may be available to individuals who qualify based on their household income. Please see the attached memo for more information on who qualifies for these reductions.

For more information about HIRSP, visit our Web site at www.hirsp.org

You may also find this information on HIRSP's Web site at www.hirsp.org.

Please mail your completed application and first quarter premium payment to:

HIRSP
1751 W BROADWAY
PO BOX 8961
MADISON WI 53708-8961

Please allow 30 days for HIRSP to process your application.

If you have questions, please call Customer Service at 1-888-527-0590 or 608-226-4920.

For more information about HIRSP, visit our Web site at www.hirsp.org