

- *Recently unemployed?*
- *Need to maintain health insurance but it's too expensive?*



*Northern Health Plan Cobra
might be the answer!*

What is Northern Health Plan Cobra (NHP) Cobra?

The federal government has passed legislation that allows anyone who has been or will be laid off between 9/01/08 and 12/31/09 to receive their health insurance from their employer at a discounted rate of 35% of the total cost. To help you cover the 35% cost and maintain your coverage, NHP Cobra will reimburse up to \$50 for one member or \$100 for 2 members on a monthly basis for 9 months.

To be eligible you must:

- 1) Have been or will be laid off between 9/01/08 and 12/31/09.
- 2) Be participating with your employer's health insurance plan
- 3) A resident of Antrim, Charlevoix, Emmet, Otsego, Alpena, Presque Isle, Montmorency, or Cheboygan county.

There is no cost to participate in the program. Just complete and return the attached application.

After we receive the application, you will receive 9 preprinted vouchers to return with your paid receipt attached. The receipt needs to include employer's name, date paid, and reason for payment. If a receipt is not available, a copy of the front and back of your cancelled check will work.



We will need to receive the voucher and receipt within 90 days of enrolling in the program for you to remain on the program. This is a program with limited enrollment and we want to help as many people as possible .



If you have children, they may qualify for Healthy Kids or MICHild health coverage. Please call the

**Health Dept. of Northwest
Michigan
at
1-800-432-4121
or
District Health Dept. #4
at
1-800-221-0294**

for more information and/or to schedule an appointment to enroll your children.

Complete both sides.

Application

Insurance Policy Holder Information:

Last Name _____

First Name _____

Middle initial _____

Date of Birth _____ Sex M F

Social Security Number _____

Marital Status _____

Address _____

City _____

State _____ Zip _____

County _____

Phone number _____

Email address _____

Any household members under 19? Y N

Number of people in household _____

Gross annual household income: \$ _____

Number of adults covered by your insurance 1 2

If 2, print name of 2nd adult:

Name of employer providing health insurance:

Health Department Use

NHP C-1

NHP C-2

Northern Health Plan Cobra



The NHP is a community partnership between Alpena Regional Medical Center, Cheboygan Memorial Hospital, Charlevoix Area Hospital, Otsego Memorial Hospital, Northern Michigan Regional Hospital, Health Department of Northwest Michigan, and District Health Department #4 to promote access to health care.

Please mail this application to:
Northern Health Plan (NHP) Cobra
Health Department of Northwest Michigan
220 W. Garfield
Charlevoix, MI 49720