

Documents Needed When Renewing Coverage



Child Health Plus Program

Head of Household/Subscriber Name

Application Date

Your enrollment in Child Health Plus cannot be completed until all **necessary** items have been received by MVP Health Plan. We must receive these documents by _____ to complete the renewal of your child's/children's health insurance. If you need help getting any of these documents, please contact your MVP Outreach Representative.

You do not need to provide all of these documents below. We only need documents that apply to you or the children applying for health insurance. We will need to see original or certified copies of documents for identity and U.S. citizenship.

SECTION A PROOF OF U.S. CITIZENSHIP AND/OR IMMIGRATION STATUS, IDENTITY, AND DATE OF BIRTH

Effective July 1, 2010, citizen children who are eligible for Child Health Plus and provide a Social Security number are not required to provide identity or citizenship documentation.

One of the following documents to prove your U.S. citizenship, identity, and date of birth.

- U.S. Passport Book/Card
- Certificate of Naturalization (DHS Forms N-550 or N-570)
- New York State Enhanced Driver License (EDL)
- Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)

If you do not have one of the documents above, one document from each of the lists below may be used to prove your U.S. citizenship and/or identity. Some of these documents may also include your date of birth. These lists do not include every acceptable document. If you do not have one of these documents, please contact your MVP Outreach Representative for help.

Proof of U.S. Citizenship

- U.S. Birth Certificate*
- Certification of Birth issued by Department of State (Forms FS-545 or DS-1350)*
- Report of Birth Abroad (FS-240)
- U.S. National Identification Card (Form I-197 or I-179)
- Native American Tribal Document*
- Religious/School Records*
- Military Record of Service showing U.S. place of birth
- Final Adoption Decree
- Evidence of qualifying for U.S. citizenship under the Child Citizenship Act of 2000

Proof of Identity

- State driver's license or identification card with photo*
- Identification card issued by a federal, state, or local government agency
- U.S. Military Card or draft record, or U.S. Coast Guard Merchant Mariner Card
- School identification card with a photo (may also show date of birth)
- Certificate of Degree of Indian blood or other Native American/Alaska Native tribal document with photo
- Verified school, nursery, or daycare records for children under 16 (may also show date of birth)
- Clinic, doctor, or hospital records for children under 16*

If one of the documents above does not show your date of birth, you must also submit one of the following:

- Marriage Certificate
- New York State Benefit Identification Card

If you are not a U.S. citizen, we need to see one of the following documents to prove your immigration status, identity, and date of birth. Some of these documents may also include your date of birth.

The list below contains some of the most common United States Citizenship and Immigration Services (USCIS) forms used to show your **immigration status**. This list does not include every acceptable document. If you do not have one of these documents, please contact your MVP Outreach Representative for help.

Proof of Immigration Status and Identity

- I-551 Permanent Resident Card (Green Card)*
- I-688B or I-766 Employment Authorization Card*

Proof of Immigration Status Only

(an additional proof of identity document will be required)

- I-94 Arrival/Departure Record*
- USCIS Form I-797 Notice of Action
- Evidence of Continuous U.S. Residence prior to January 1, 1972

* Document also shows date of birth

Head of Household:

Head of Household Phone:

Member ID:

USE KEY | CHP | ALL COUNTIES

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SECTION B PROOF OF YOUR HOME ADDRESS

The proof of address you give us must match the home address that is on your application for health insurance. The proof must be dated within six months of when you sign your completed application.

- Lease/letter/rent receipt from your landlord showing your home address
- Utility bill (gas, electric, telephone, cable, fuel, or water)
- Property tax records or mortgage statement
- Driver license (if issued within the past six months)
- Government identification card with address
- Postmarked envelope or postcard (cannot use if sent to PO Box or received in a window envelope)

SECTION C PROOF OF YOUR CURRENT INCOME OR INCOME YOU MIGHT GET IN THE FUTURE

Proof of future income includes unemployment benefits or income you may receive from a lawsuit settlement.

You must provide a letter, written statement, or copy of a check or check stubs from your employer or the person or agency providing the income. **You do not need to show us all of these documents**, only the ones that apply to you and the people living with you.

One proof for each type of income you have is required. Provide the most recent proof of income before taxes and any other deductions. The proof must be dated, include the employee's name, and show gross income for the pay period. The proof must be for the last four weeks, whether you get paid weekly, biweekly, or monthly.

It is important that these be current.

Wages and Salary

- Paycheck stubs
- Verification of Employment form (Available at www.mvphealthcare.com)
- Current signed and dated income tax return and all Schedules
- Business/payroll records

Self-Employment

- Current signed and dated income tax return and all Schedules
- Records of earnings and expenses/business records

Unemployment Benefits

- Award letter/certificate
- Monthly benefit statement from New York State Department of Labor
- Printout of recipient's account information from New York State Department of Labor's website (www.labor.state.ny.us)
- Copy of Direct Payment Card with printout
- Correspondence from New York State Department of Labor

Private Pensions/Annuities

- Statement from pension/annuity

Worker's Compensation

- Award letter or check stub

Military Pay

- Award letter or check stub

Social Security

- Award letter/certificate
- Annual benefit statement
- Correspondence from Social Security Administration

Veteran's Benefits

- Award letter
- Benefit check stub
- Correspondence from Veterans Affairs

Child Support/Alimony

- Letter from person providing support
- Letter from court
- Child support/alimony check stub
- Copy of New York Epicard with printout
- Copy of child support account information from www.newyorkchildsupport.com
- Copy of bank statement showing direct deposit

Income from Rent or Room/Board

- Letter from roomer, boarder, or tenant
- Check stub

Interest/Dividends/Royalties

- Recent statement from bank, credit union, or financial institution
- Letter from broker or agent
- 1099 or tax return (if no other documentation is available)

Support from Other Family Members

- Signed statement or letter from family member

SECTION D PROOF OF ANY DEPENDENT CARE EXPENSE

You must provide **one of the following documents** if you pay to provide care for your children or parents while you are working.

- Written statement from day care center or other child/adult care provider
- Cancelled checks or receipts that show your payments

SECTION E PROOF OF OTHER HEALTH INSURANCE IF ANYONE APPLYING HAS COVERAGE

You and your family may still be eligible even if you have other health insurance. You must provide **all of the following** documents that apply.

- Proof of current health insurance (insurance policy, certificate of insurance, or insurance card)
 - Health insurance termination letter
 - Red, white, and blue Medicare Card
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SECTION F PROOF OF PREGNANCY IF YOU ARE A PREGNANT WOMAN

If you are pregnant, **you must provide one of the following** documents that shows us **the expected date of delivery**.

- Presumptive Eligibility Screening worksheet for pregnant women completed by a qualified provider
 - Statement from medical professional (such as a doctor or nurse practitioner)
 - WIC Medical Referral form
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SECTION G PROOF OF MEDICAL BILLS FROM THE LAST THREE MONTHS

If anyone applying has paid or unpaid medical or prescription bills from the last three months, Medicaid may be able to pay these bills or reimburse you. **You must provide all of the following** for determination of eligibility for medical expenses.

- Proof of income for the month(s) in which the expense was incurred
- Proof of residency/home address for the month(s) in which the expense was incurred
- Medical bills for the last three months, whether or not you have paid them