

MEDICAID PURCHASE PLAN (MAPP) MEMBER/PREMIUM INFORMATION

This form is to be completed by Income Maintenance workers for updates on member information, including member demographic information and premium information.

SECTION I – MEMBER INFORMATION

Member Information (check one) <input type="checkbox"/> Add <input type="checkbox"/> Change	Date Completed	Worker ID	
Member Name (Last, First, MI)			
Mailing Address (Street)	City	State	Zip Code
Social Security Number*	Medicaid ID Number		

SECTION II – PREMIUM INFORMATION

Premium Information (check one) <input type="checkbox"/> Add <input type="checkbox"/> Change	Date Completed	Premium Payer PIN
Premium Payer Name (Last, First, MI)		

Benefit Month	Premium Amount	Amount Paid

*Providing or applying for a Social Security Number (SSN) is voluntary; however any person who wants Wisconsin Medicaid but does not want to provide their SSN or apply for one will not be enrolled in Medicaid, pursuant to Wisconsin Statutes s. 49.82(2).

SSN information will be used for administration of the Medicaid program. Your SSN permits a computer check of your information with government agencies such as the Internal Revenue Service (IRS), Social Security Administration (SSA) and the Wisconsin Department of Workforce Development. In addition, your name and SSN will be matched with other information provided by health insurance carriers to determine if you have other health insurance.

Send this form, along with any premium payments due, to:

Medicaid Purchase Plan
 P.O. Box 6738
 Madison, WI 53716-0738

If you have questions, call the Medicaid Purchase Plan Premium Unit at 1-888-907-4455.