



HIP HEALTH PLAN OF NEW YORK ■ 55 WATER STREET, NEW YORK, NY 10041-8190

<MM/DD/YY>

<<Mailing ID>> 10213
<First Name> <Last Name>
<Street Address>
<Apt./Floor>
<City, State ZIP>

Dear <First Name> <Last Name>

Re: Important Notice—Response Required

Enclosed is your Healthy New York recertification application. If you would like to continue with Healthy New York coverage, please submit the enclosed recertification application to HIP so that we can determine your continued eligibility for the plan. HIP will review your application to determine if you continue to qualify for the program based on income and residency. If you no longer qualify, your coverage will be cancelled <<renewal date>>.

Please note that failure to return the recertification application within the timeframe indicated below will also result in cancellation of your coverage.

Complete all sections of the application and then mail it to the following address:

Health Insurance Plan of Greater New York (HIP)
Attn: Healthy New York
JAF Station
P.O. Box 2793
New York, NY 10116

To avoid any disruption in coverage, your recertification application must be received by HIP no later than 15 days from the date of this notice.

If HIP determines that you are eligible for the Healthy New York plan, your new premium rates will take effect <<renewal date>> (see attached).

If you have any questions about your Healthy New York coverage or the new rates, please contact HIP Customer Service at 1-800-HIP-TALK (1-800-447-8255) Monday through Friday, 8 am to 6 pm. If you use a special telephone device for those with hearing or speech impairment, call 1-888-HIP-4TDD (1-888-447-4833) Monday through Friday, 8:30 am to 5 pm.

Thank you for choosing HIP. On behalf of all of us at HIP, it's a pleasure and privilege to serve you.

Sincerely,

ENROLLMENT DEPARTMENT

Enclosure



Commercial HMO and POS



Medicare and Medicaid HMO