

United Healthcare Community Plan for KIDS (CHIP)

Lead Referral / Application Cover Sheet

Date: _____

Submitting Agent Information

Name: ___Faye Hyman_____ Agency__Custom Benefit Plans_____

Writing Number: _____ Email___custombenefitplans@gmail.com_____

Phone___215-268-6525_____

Lead Referral / Application Information

Head of Household/Responsible Party Name: _____

How many children under the age of 19? _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: (_____) _____

Email: _____

Please check all that apply:

_____ *I am submitting the above family as a CHIP referral. (\$30 per enrolled life) The family would like a United Healthcare Representative to:*

Call: _____ Send Application: _____ Set Appointment: _____

**Please Fax to: 1-877-382-9401 or Email to:
Gilbert.Bracero@uhc.com**