



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

THOMAS M. SUEHS  
EXECUTIVE COMMISSIONER

**Health Insurance Premium Payment Program (HIPP) Consent Form**

If you want another person to be able to talk to us about your family's case, you can:

1. Fill out the "HIPP Consent Form" below. The person in your family who has the insurance must fill out the form.
2. Sign it and return it to us.

If anything changes, let us know right away.

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**HIPP Consent Form**

(Please print)

1. Tell us about your case:

Name: \_\_\_\_\_ HIPP case number: \_\_\_\_\_

Street address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Tell us who we can talk to about your family's case: \_\_\_\_\_

3. The person in your family who has the insurance must sign and date this form. By signing, you agree to let HIPP talk to the person you listed above about your family's case.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax this form to 1-866-409-1188 (toll-free).  
Or mail it to the address below.**