



Family Health Insurance Assistance Program

P.O. Box 5880 • Salem, Oregon 97304-0880 • Voice 1-888-564-9669 • Relay Service 1-800-735-2900
Toll Free Fax 1-866-843-8936 • Web site <http://www.fhiap.oregon.gov>

ADD DEPENDENT FORM

List all family members you want to add to your FHIAP account

Your name: _____ Address: _____

Reservation #: _____ City, State, ZIP: _____

Dependent's name <i>Include name at birth if different</i>	Date of Birth	Social Security Number <i>(Optional)</i>	State Born In	Date Last Insured	Previous Insurance

Please choose a reason for adding these dependents:

- Marriage
- Birth/Adoption
- Other: _____
- Loss of other coverage (not OHP)
- Loss of OHP coverage

Please sign and return this form to:

FHIAP
ATTN: MAS
PO Box 5880
Salem OR 97304-0880

Member signature

Date

Citizenship: Federal law requires FHIAP applicants to prove citizenship and identity. See the [FHIAP citizenship flyer](#) for how to do this. Although you don't have to send this information to add family members to your **current** year's subsidy, doing so will help us review your application more quickly if you re-apply to FHIAP. If your family member was born in Oregon, we can look up their birth certificate electronically and just need a copy of a driver's license or other document to prove identity.

Oregon Health Plan (OHP): No member of your family may be on OHP/Medicaid (or other state medical programs) **and** FHIAP at the same time.

Questions? 1-888-564-9669