



# HEALTH INSURANCE COMMISSION

**DEADLINE: JUNE 13, 2022**

## APPLICATION FOR THE STANDARD HEALTH INSURANCE CONTRACT PREMIUM PAYMENT ASSISTANCE PROGRAM (PPAP) FOR DISPLACED TOURISM SECTOR WORKERS

Applies to Standard Health Insurance Contract coverage for **JUNE 2022 only**

Group Policy       Individual Policy

Name of Employer: \_\_\_\_\_ T/A \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Name of Approved Insurer \_\_\_\_\_

Are you currently employed?  Yes  No      If yes, Part-time  Full-time

Name	Date of Birth	Policy and/or Certificate Number	Immigration Status	Health Insurance Premium (currently paying or previously paid)	Number of Dependents	Is employee or dependent covered under another plan? (YES or NO)
				\$		
				\$		
				\$		
				\$		

**Please provide information to demonstrate the need for assistance:** (Continue on a separate sheet if deemed necessary)

### Employer's Declaration:

I/we declare that the above-stated information provided is correct and to the best of our knowledge and belief. I/We confirm that as a result of the COVID-19 Pandemic, our **tourism sector** business is no longer operational or we provide reduced tourism/hospitality services and unable to honor our health insurance premium payments. I/we are aware that it is an offence to make a statement or representation that is false in a material fact which we know to be false or do not believe to be true.

\_\_\_\_\_  
Print Name of Employer/Principal applicant

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

### HIC USE ONLY

Approved       Not Approved       Deferred

HIC Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Commission can be contacted via email at: [hic@gov.ky](mailto:hic@gov.ky) or 946-2084

JUNE 2022