



APPLICATION

Who May Enroll

To be eligible for the NY Bridge Plan, you must:

- Be a permanent New York State resident
- Be a citizen or noncitizen national of the US or be lawfully present in the US
- Have one or more of the medical conditions in Section 4
- Have been without health insurance for the past six months (Exceptions: newborns with medical conditions; enrollees from other state PCIP programs)

You will need to submit proof of your eligibility.

How to Apply

Complete Sections 1 – 4. Please read **Section 5.** Sign and return the form

You can fax your completed application and documentation to:

Attn: NY Bridge Plan at

Please print clearly. Incomplete or illegible forms will result in a delay in the processing of your enrollment application. **Please send copies of required documents. Originals will not be returned.**

Questions? Call: www.nybridgeplan.com.

TDD: **1-877-448-4975**, or go to:

SECTION 1: INFORMATION ABOUT THE PERSON APPLYING FOR COVERAGE - Please Complete All Boxes

Last Name		First Name		Middle Initial	Date of Birth (mm/dd/yyyy)
Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number (with area code)		Cell Phone (with area code)	
Permanent Address			E-mail Address		
City		County	State	ZIP Code	
Mailing Address (only if your Mailing Address is different from your Permanent Address)					
City			State	ZIP Code	

Race and Ethnicity: This information is not required.*

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

Race: (Please check all that apply)

- American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African- American

Preferred Language:

- Spanish (Spanish applications are available at www.nybridgeplan.com)
 Other (please explain) _____

*Reporting your race/ethnicity is strictly optional. This information will not be used to determine eligibility for the NY Bridge Plan.

SECTION 2: INFORMATION ABOUT YOUR CITIZENSHIP OR IMMIGRATION STATUS

You must check one of the three boxes below:

I am a citizen of the United States.

To process your application you must provide a copy of a document that confirms your citizenship, such as a copy of your US passport, a copy of your birth certificate, a copy of your certificate of citizenship or a copy of your naturalization certificate.

I am a noncitizen national of the United States.

You must provide a copy of a document that confirms your status as a noncitizen national, such as a copy of a US passport that shows your national status.

I am a noncitizen who is lawfully present in the United States.

You must verify current immigration status by providing a copy of one of the following:

- I-551 (green card)
- I-766 (employment authorization document)
- I-94 (arrival/departure record) with foreign passport
- Other approved documentation. (Call **1-866-693-9277** for more information on acceptable documentation.)

SECTION 3: INFORMATION ABOUT OTHER COVERAGE

1. Have you been **without** health insurance for at least six months since the date of this application?

Yes No

2. Are you without health coverage because your employer stopped offering coverage? Yes No

3. Please provide the following information about your prior health coverage:

Name of health insurance company: _____

Last date of coverage: _____

4. This is a transfer from another state's PCIP with no more than a six-month break in coverage.

Yes No If yes, what state: _____

5. Is your condition related to:

Employment? (Current or Previous) Auto Accident? Other Accident?

DOCUMENTATION REQUIRED ON MEDICAL CONDITIONS

One of the following documents is required to confirm a clear presence and history of your pre-existing condition:

- Letter from a health care provider that specifies that the applicant has one of the medical conditions listed in Section 4 of this application.
- Current medical records that specify that the applicant has one of the medical conditions listed in Section 4.
- Copy of online personal health record indicating applicant's name, that specifies that the applicant has one of the medical conditions listed in Section 4.

If you have any questions or wish to submit other documentation to prove your medical condition, please call **1-866-693-9277**.

Any pre-existing condition not listed will be subject to medical review. Applicant will be required to submit medical records for consideration.

