



Texas HIV Medication Program (THMP) Affordable Care Act (ACA)  
Insurance Assistance Program  
Client Agreement

**Instructions**

This form must be completed by the applicant or person helping the applicant when submitting the Explanation of Benefits (EOB) for THMP Texas Insurance Assistance Program-PLUS (TIAP-PLUS).

**Certification Required**

Select the checkbox (Required)

Applying for THMP ACA Premium Assistance

By selecting to apply for THMP ACA Premium Assistance, as indicated in the checkbox above, I or the person helping the applicant authorize through my signature below, for THMP to make a health insurance binder payment on my behalf to complete the health plan policy enrollment process. A binder payment is the initial health insurance premium due to a health plan to begin coverage under the selected policy. I understand that THMP TIAP-PLUS is not responsible or liable for late payments, late fees and/or termination of my health policy for missing the binder payment due date.

- I understand that to have a binder payment made on my behalf, I must have active program eligibility.
- If eligible, I accepted the monthly Advanced Premium Tax Credit (APTC), to help pay for my insurance premium.
- If I qualified for cost sharing reductions (CSRs), I accepted a silver plan.
- I enrolled into a health insurance plan that was approved by the Texas THMP TIAP-PLUS program.

**Applicant Signature**

\_\_\_\_\_  
(Applicant Printed Name)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Client ID)

\_\_\_\_\_  
(Date Signed)

**Designated Helper Signature**

\_\_\_\_\_  
(Designated Helper's Printed Name)

\_\_\_\_\_  
(Designated Helper's Signature)

\_\_\_\_\_  
(Date Signed)