

| Sample | e - Use Blue or | Black Ink |
|--------|-----------------|-----------|
| Yes No | TEST | ВОХ |

NOW YOU CAN AFFORD PEACE OF MIND.

Correspondencia en Español (Check this option if you would like to receive Correspondence in Spanish)

MM/DD/YY

PeachCare Application If you have ever applied for PeachCare for Kids™ - or - have ever been on PeachCare for Kids™ please call 877-GA PEACH

| Section | I • Parent/Guardian Information (Person to whom correspondence should be directed.) List only people currently living in the household. |
|--------------|--|
| PARENT ONE: | Name First M.I. Last Suffix Sex Date of Birth MM/DD/YY |
| | Street Address: |
| | Number and street, including apartment number |
| | City State Zip Code County |
| | Mailing Address: |
| | City State Zip Code County |
| | Social Security Number: Home Telephone: () |
| | Business Telephone: (|
| | E-Mail Address: |
| PARENT TWO: | Does parent two live in household? Yes No (List parent two only if he/she lives in household.) |
| | Name First M.I. Last Suffix Sex Date of Birth MM/DD/YY |
| | First M.I. Last Suffix Sex Date of Birth MM/DD/YY Social Security Number: Business Telephone: () |
| l de | Security (various) |
| Section 2 | 2. Child Information. List all children under 19 years old in your home. (If there are more than 3 children in household for whom you wish to |
| | apply, please attach a separate sheet.) The name of the child(ren) should be the same as it appears on the child(ren)'s birth certificate. |
| CHILD ONE: | Name First M.I. Last Sex Date of Birth MM/DD/YY |
| | U.S. Citizen? Yes No Race American Indian or Alaska Native Asian |
| | Social Security Number Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Other |
| | What state was the child born in? What county was the child born in? |
| | Has Health Insurance? Yes No Name of Insurance Company |
| | Policy # Medicaid # Medicaid # |
| | Relationship to Parent #1: Child Stepchild Grandchild/relative Other Child Stepchild Grandchild/relative Other Child Stepchild Grandchild/relative Other Child Stepchild Stepchild Grandchild/relative Other Child Stepchild Stepc |
| CHILD TWO: | Name First M.I. Last Sex Date of Birth MM/DD/YY |
| | U.S. Citizen? Yes No Race American Indian or Alaska Native Asian |
| | Social Security Number Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Other |
| | What state was the child born in? What county was the child born in? |
| | Has Health Insurance? Yes No Name of Insurance Company |
| | Policy # Medicaid # |
| | Relationship to Parent #1: Child Stepchild Grandchild/relative Other C Relationship to Parent #2: Child Stepchild Grandchild/relative Other C |
| | |
| CHILD THREE: | Name First M.I. Last Sex Date of Birth MM/DD/YY |
| | U.S. Citizen? Yes No Race American Indian or Alaska Native Asian |
| | Social Security Number Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Other |
| | What state was the child born in? What county was the child born in? |
| | Has Health Insurance? Yes No Name of Insurance Company |
| | Policy # Medicaid # |
| | Relationship to Parent #1: Child Stepchild Grandchild/relative Other |
| | Relationship to Parent #2: Child Stepchild Grandchild/relative Other |
| | |
| Section 3 | Insurance Information |
| | nployed by the State of Georgia, a public school system or the Board of Regents? Yes No |
| | nployed by the State of Georgia, a public school system or the Board of Regents? Yes No |

| Section 4. Income and Daycare | 3 | Section | 4. | Income | and | Daycare* | ŧ |
|-------------------------------|---|---------|----|--------|-----|----------|---|
|-------------------------------|---|---------|----|--------|-----|----------|---|

| Current employer's name: Yes | INCOME: | AMOUNT BEFORE Taxes and Other Deductions | HOW OFTEN? (Weekly, Monthly, Every 2 weeks, | (| NAME OF PERSON (Include only income of the children/p listed on the applicat | parents at the address | | U INCLUDE OF INCOME |
|--|---|---|---|---|--|--|--|---|
| Social Security (RSDI) Social Security (RSDI) Social Security Income Yes No. No. Workers' Compensation Persions or Retirement Benefits Child Support (Ist amount each child receives.) Contributions Unemployment Benefits Child Support (Ist amount each child receives.) Contributions Unemployment Benefits Wes No. Cher Income, please specify: No. Other Income, please specify: No. Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work? No. No. No. No. No. No. No. No | Current employer's name: | | | | | | Yes 🔾 | No○ |
| Supplemental Security Income Workers' Compensation Yes No. No. Pensions or Retirement Benefits Child Support (List amount each child receives.) Contributions Unemployment Benefits Other Income, please specify: Do you pay for childcare (or care for an adult who cannot care for himself/therself) so that someone in your household can work? NAME OF PARENT NAME OF CHILD OR ADULT CARED FOR WHO WORKS MANE OF CHILD OR ADULT CARED FOR Yes No. | Current employer's name: | | | | | | Yes 🔾 | No○ |
| Workers' Compensation Yes Noc Pensions or Retirement Benefits Yes Noc Child Support (List amount each child receives.) Cher Income, please specify: Noc Po you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work? NAME OF PARENT WHO WORKS NAME OF PARENT WHO WORKS NAME OF PARENT WHO WORKS NAME OF CHILD OR ADULT CARED FOR UNDER THE AGE OF 2! NAME OF DAY CARE OR CAREGIVER MANUAT HOW OFTE OR CAREGIVER MOUNT WHO WORKS NOC Yes NoC Yes NoC Yes NoC Yes NoC Noc AREGIVER MOUNT WHO WORKS NOC AREGIVER NOC AREGIVER MOUNT WHO WORKS NOC AREGIVER MOUNT HOW OFTE NOC AREGIVER MO | Social Security (RSDI) | | | | | | Yes 🔾 | No⊜ |
| Pensions or Retirement Benefits Child Support (List amount each child receives.) Contributions Yes No. No. Other Income, please specify: Po you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work? NAME OF PARENT WHO WORKS No. Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work? NAME OF PARENT WHO WORKS NO. Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work? NHOW OFFE WHO WORKS NO. Section 5. Proof of Income and Citizenship Do unust include the most recent copies of proof of all your income. These are the types of information you need to send with your applica or money you earn by doing a job or service, you must send: Next yes No. Section 5. Proof of Income and Citizenship Do unust include the most recent copies of proof of all your income. These are the types of information you need to send with your applica or money you earn by doing a job or service, you must send: Next yes No. Section 5. Proof of Income and Citizenship Do unust include the most recent copies of proof of all your income. These are the types of information you need to send with your applica or money you earn by doing a job or service, you must send: Next yes No. Section 5. Proof of Income and Citizenship Do unust include the most recent copies of proof of all your income. These are the types of information you need to send with your application or money you earn by doing a job or service, you must send: No. Section 5. Proof of Income and Citizenship Do unust include the most received and the come in earnor the form the formation of the formation of the Company on Company lettered—OR—Hardy - Tax Fed—OR—Bank Deposits. Section 6. Pregnancy Section 6. Pregnancy Section 6. Pregnancy Section 7. Certification, Understanding, and Authorization understand that this information will be verified to dete | Supplemental Security Income | | | | | | Yes 🔾 | No⊜ |
| Contributions Unemployment Benefits Other Income, please specify: NAME OF PARENT WHO WORKS NO Yes You ye | Workers' Compensation | | | | | | Yes 🔾 | No○ |
| Contributions Unemployment Benefits Other Income, please specify: Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work? NAME OF PARENT WHO WORKS NoC NOC NAME OF PARENT WHO WORKS NOC NOC AREGIVER NOC NOC AREGIVER NOC Section 5. Proof of Income and Citizenship Durn unst include the most recent copies of proof of all your income. These are the types of information you need to send with your application or money you earn by doing; a job or service, you must send: Section 5. Proof of Income and Citizenship Durn unst include the most recent copies of proof of all your income. These are the types of information you need to send with your application or money you earn by doing; a job or service, you must send: Section 5. Proof of Income and Citizenship Durn unst include the most recent copies of proof of all your income. These are the types of information you need to send with your application or money you earn by doing; a job or service, you must send: Seekly pay - (4) weeks of pay stubs (one week after the other)—OR—Morthly - (2) pay stubs (cone every other week (one after another)—OR—Bendle Popolity) - (2) pay stubs (one work) of the most pay included the most pay inclu | Pensions or Retirement Benefits | S | | | | | Yes 🔾 | No○ |
| Unemployment Benefits Other Income, please specify: NAME OF CHILD OR NAME OF DAY CARE NO OR CAREGIVER NO NO Section 5. Proof of Income and Citizenship Du must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator or money you earn by doing a job or service, you must send- feekly pay - (4) weeks of pay stubs (noe week after the other)—OR—Bi-Weekly pay - (2) pay stubs received every other week (one after another R.—Senn-Monthly - (2) pay stubs received two times a month (one after the other)—OR—Monthly - (2) pay stubs received one time a month (or noth after another)—OR—Bi-Weekly pay - (2) pay stubs received every other week (one after another R.—Senn-Monthly - (2) pay stubs received one time a month (or noth after another)—OR—Bi-Weekly pay - (2) pay stubs received one time a month (or noth after another)—OR—Bi-Weekly pay - (2) pay stubs received every other week (one after another R.—Senn-Monthly - (2) pay stubs received by the company one or | Child Support (List amount each child receives. |) | | | | | Yes 🔾 | No |
| Other Income, please specify: No No No No No No No N | Contributions | | | | | | Yes 🔾 | No 🔾 |
| NAME OF PARENT WHO WORKS NO Yes NO Yes NO Yes NO Yes NO Yes NO Yes NO Section 5. Proof of Income and Citizenship Who works No Yes No Yes No Yes No Yes No Yes No Yes No Who works received every other week (one after the other)—OR—Bi-Weekly pay - (2) pay stubs received every other week (one after another work) and the parent who works after the other)—OR—Bi-Weekly pay - (2) pay stubs received every other week (one after another work) and the parent who works after the other)—OR—Bi-Weekly pay - (2) pay stubs received every other week (one after another work) and the parent who works after the other)—OR—Bi-Weekly pay - (2) pay stubs received every other week (one after another work) and the parent who works after the other)—OR—Bi-Weekly pay - (2) pay stubs received one time a month (or onth after another)—OR—Paid Cash - Letter from Employer signed by an Officer of the Company on Company letterhead—OR—Yearly - Tax Fe ceil—OR—Self Employment Documents - such as business ledger receipts—OR—Bank Deposits lease show proof of money anyone in the household receives from any agencies, parents or relatives, or any other sources. This might interfer from interfer the other) - Workers' Compensation that the form in the parent who gives you money, provide the name, address and contact number. * Contributions - letter from pender you work the parent who gives you money, provide the name, address and contact number - Provide amount received and how often received. * Ofthe Support (paid dirough court) - court papers or letter stating the amount of income received. * Ofthe Support (paid dirough court) - court papers or letter stating the amount of income received. * Orther agencies in order to assist in verifying eligibility for PeachCare and/or Medicaid benefits. You only need to tell us the call Security Number for the people for whom you are applying. Sectio | Unemployment Benefits | | | | | | Yes 🔾 | No○ |
| NAME OF PARENT WHO WORKS NAME OF CHILD OR ADULT CARED FOR Yes No Yes No Yes No Yes No Section 5. Proof of Income and Citizenship Du must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator money you earn by doing a job or service, you must send: Yes No Section 5. Proof of Income and Citizenship Du must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator money you earn by doing a job or service, you must send: Yes No Section 5. Proof of Income and Citizenship Du must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator money you earn by doing a job or service, you must send: Yes No Section 5. Proof of Income and Citizenship Du must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator money you earn by doing a job or service, you must send: Yes No Section 5. Proof of Income and Citizenship Du must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator on the part who they are the content of the Company on Company letterhead—OR—Yearly - Tax Feder OR—Self Employment Documents - such as business ledger receipts—OR—Bank Deposits. Sease show proof of money anyone in the household receives from any agencies, parents or relatives, or any other sources. This might into the proof of money anyone in the household receives from any agencies, parents or relatives, or any other sources. This might into the proof of money provide anamy and tester the other) - Workers' Compensation for inspect the proof of money provide anamy and the feet of the part of the proof of money provide and how often received | Other Income, please specify: | | | | | | Yes 🔾 | No○ |
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| Section 5. Proof of Income and Citizenship our must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator money you earn by doing a job or service, you must send: feekly pay - (4) weeks of pay stubs (one week after the other)—OR—Bi-Weekly pay - (2) pay stubs received every other week (one after another feekly pay - (4) weeks of pay stubs received two times a month (one after the other)—OR—Monthly - (2) pay stubs received one time a month (or onth after another)—OR—Paid Cash - Letter from Employer signed by an Officer of the Company on Company letterhead—OR—Yearly - Tax Feed—OR—Self Employment Documents - such as business ledger receipts—OR—Bank Deposits. lease show proof of money anyone in the household receives from any agencies, parents or relatives, or any other sources. This might ins Store of Sor SA - Current year award letter * Unemployment check - (4) weeks of pay stubs (one week after the other) * Workers' Compensation ter from insurance company stating amount received and how often received, provide contact name and number. * Contributions - letter from phe gives you money, provide name, address and contact number. * Provide and how often received. * Child Support (paid directly bu) * written statement from the parent who gives you money, provide the name, address and contact number. Provide and mount received and how occived. * Child Support (paid through court) - court papers or letter stating the amount of income received and how often it is received. * Other aencel Income - provide letter stating amount received and how often received | | | Yes No | | | | | |
| Section 5. Proof of Income and Citizenship Du must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator money you earn by doing a job or service, you must send: R—Semi-Monthly - (2) pay stubs received every other week (one after another) R—Semi-Monthly - (2) pay stubs received one time a month (one after the other)—OR—Monthly - (2) pay stubs received one time a month (on onth after another)—OR—Paid Cash - Letter from Employer signed by an Officer of the Company on Company letterhead—OR—Yearly - Tax Feed—OR—Self Employment Documents - such as business ledger receives—OR—Bank Deposits. Bease show proof of money anyone in the household receives from any agencies, parents or relatives, or any other sources. This might institute from insurance company stating amount received and how often received, provide contact name and number. *Contributions - letter from pho gives you money, provide name, address and contact number. Provide amount received and how often received. *Child Support (paid directly) when the statement from the parent who gives you money, provide the name, address and contact number. Provide amount received and how often received and how often received and how often received and how often it is received and how often it is received and how often provide amount received and how often it is received. *Child Support (paid through court) - court papers or letter stating the amount of income received and how often it is received. *Other nearned Income - provide letter stating amount received and how often ame, address and contact number or (4) weeks of pay ne week after the other). Citizenship or legal immigration status must be verified for eligibility in PeachCare or Medicaid. PeachCare may reque of of citizenship or legal immigration status. Failure to comply will result in a denial of your application. Social Security Numbers are used to do imputer matches with other agencies in order to assist in verifying eligibility | | | Yes No | | | | | |
| but must include the most recent copies of proof of all your income. These are the types of information you need to send with your applicator money you earn by doing a job or service, you must send: feeldy pay - (4) weeks of pay stubs (one week after the other)—OR—Bi-Weekly pay - (2) pay stubs received one time a month (one after the other)—OR—Monthly - (2) pay stubs received one time a month (or onth after another)—OR—Paid Cash - Letter from Employer signed by an Officer of the Company on Company letterhead—OR—Yearly - Tax Feel—OR—Self Employment Documents - such as business ledger receipts—OR—Bank Deposits. feeld of SSA - Current year award letter • Unemployment check - (4) weeks of pay stubs (one week after the other) • Workers' Compensatio ter from insurance company stating amount received and how often received, provide contact name and number. • Contributions - letter from pho gives you money, provide amount received and how often received. • Child Support (paid directly bu) • written statement from the parent who gives you money, provide the name, address and contact number. Provide amount received and how often received and how often the parent who gives you money, provide the name, address and contact number. Provide amount received and how often received and how often the parent who gives you money, provide the name, address and contact number. Provide amount received and how often the parent who gives you money, provide the name, address and contact number of (2) weeks of pay ne week after the other). Citizenship or legal immigration status must be verified for eligibility in PeachCare or Medicaid. PeachCare may reque of of citizenship or legal immigration status. Failure to comply will result in a denial of your application. Social Security Numbers are used to do amputer matches with other agencies in order to assist in verifying eligibility for PeachCare and/or Medicaid benefits. You only need to tell us the ocial Security Number for the people for whom you are applying. Section 6. Pregnancy Is | | | Yes No | | | | | |
| Is anyone in the household pregnant? Yes No If yes, who? Section 7. Certification, Understanding, and Authorization understand that this information will be verified to determine eligibility. I understand that information supplied by the Georgia Department of Labor, Ge lepartment of Revenue, the Social Security Administration or other agencies may be disclosed to a third party administrator to verify and deter ligibility for PeachCare. I agree to cooperate with PeachCare for Kids™, the Georgia Department of Community Health, and the Georgia Division of Find Children Services to verify income, resources, citizenship and identification. I agree to assign to the state all rights to medical support and third upport payment (hospital and medical benefits). understand that I must report changes in my address, income, resources, and circumstances within ten (10) days of becoming aware of the change. I | or money you earn by doing a Yeekly pay - (4) weeks of pay stube of the American Semi-Monthly - (2) pay stube on the American Self Employment D lease show proof of money any SSI or SSA - Current year awatter from insurance company stath o gives you money, provide name ou) - written statement from the eceived. • Child Support (paid mearned Income - provide letter proof of citizenship or legal immigroup to the provide security Number for the perceial Security Number for the perceial Security Number for the perceial Security Number of the passessing studies. | job or service, you musubs (one week after the ots received two times a more cash - Letter from Employments - such as busing the comments - such as busing the comments - such as busing amount received and the comments and contact numbers and contact numbers and contact numbers who gives you mone through court) - court parent who gives you mone through court) - court parent stating amount received and pration status. Failure to contact in order to assist in cople for whom you are appropriated. | t send: her)—OR—Bi-Weekly payonth (one after the other)— over signed by an Officer of ness ledger receipts—OR— ceives from any agencies, nt check - (4) weeks of payhow often received, provide amount receiven, provide amount receiven, provide the name, addrapers or letter stating the ar and how often received. Prestatus must be verified for omply will result in a denial verifying eligibility for Peace | (7 - (2) OR—I the Co Bank I paren stubs conta ved an ess and ovide r eligibi of you | pay stubs received eve. Monthly - (2) pay stub ompany on Company le Deposits. Ints or relatives, or any cone week after the or and number. In the or and contact number. Provided contact number. Provided in the original process and contact number. In the original process and contact number. In the original process and contact number. It is a contact number number. It is a contact number | ry other week (os received one etterhead—OR y other source ther) • Worker • Contribution • Child Supportion of the contribution of the contributi | (one after time a modern time a modern test of the composite of the control of th | another)—onth (one - Tax Form ight includensation - form personal includensation - form personal includensation - Other is of pay stury request and to do |
| Section 7. Certification, Understanding, and Authorization understand that this information will be verified to determine eligibility. I understand that information supplied by the Georgia Department of Labor, Ge Department of Revenue, the Social Security Administration or other agencies may be disclosed to a third party administrator to verify and deter ligibility for PeachCare. I agree to cooperate with PeachCare for Kids™, the Georgia Department of Community Health, and the Georgia Division of Find Children Services to verify income, resources, citizenship and identification. I agree to assign to the state all rights to medical support and third upport payment (hospital and medical benefits). understand that I must report changes in my address, income, resources, and circumstances within ten (10) days of becoming aware of the change. I ttest to the identity/citizenship/legal residency status of the children listed and I certify under penalty of perjury that all of the information provided of | Is anyone in the household p | regnant? Yes No | If yes, who? | | | | | |
| understand that I must report changes in my address, income, resources, and circumstances within ten (10) days of becoming aware of the change. I | understand that this information volepartment of Revenue, the Soci ligibility for PeachCare. I agree to nd Children Services to verify inc | will be verified to determing ial Security Administration cooperate with PeachCard come, resources, citizensh | e eligibility. I understand that or other agencies may be e for Kids™, the Georgia De | disclo partme | osed to a third party a ent of Community Hea | dministrator to lth, and the Geo | verify an orgia Divis | d determir ion of Fami |
| nis application is true and correct to the best of my knowledge. PLEASE NOTE: If your child is not eligible for PeachCare, he/she might qualify for Medicaid. Your application will be referred to Medicaid for review | understand that I must report chattest to the identity/citizenship/leghis application is true and correct | anges in my address, incorgal residency status of the to the best of my knowled | children listed and I certify dge. | under | penalty of perjury that | all of the inform | nation pro | ovided on |

Do you have any unpaid medical bills from the past three months? Yes No If yes, what month(s)_

I authorize release of personal and financial information to PeachCare for KidsTM, the Georgia Department of Community Health and the Division of

| amily and Children Services. I understar | nd that my case may be subject to a quality contro | ol review and I agree to cooperate in the review process. |
|--|--|---|
| IGNATURE OF PARENT OR GUAF | RDIAN: (REQUIRED) | Date |

Where did you get this application? Dr.'s Office/Hospital 🔾 School/Daycare \bigcirc I-877-GA-PEACH ○ Other \bigcirc

Health Dept. Caseworker \bigcirc

Check/Money Order attached? Yes \bigcirc No \bigcirc Amount Please mail application and income documents to:

 $\textbf{P} each \textbf{C} are \ for \ \textbf{K} ids^{\text{TM}}$ P.O. Box 2583

Eligibility will not be affected by race, color, national origin, age, disability, or sex except where it is required by law.

Once your application has been approved, you will receive a letter letting you know the amount of your monthly premium.

> Atlanta, GA 30301-2583 Faxed applications are not accepted.