Department of Health Services
Division of Public Health
F-01423 (10/2025)

State of Wisconsin
Phone: 1-800-991-5532
Fax: 608-266-1288

HIV Drug Assistance and Insurance Assistance Program (HDAP)
Insurance Enrollment Report (IER)

Contact information

Last name	First name	Date of birth

Case manager name	Case management agency

Section 1: Insurance information. Check at least one box.

I have signed up for (a):

- ☐ COBRA Plan
- ☐ Dental Plan - **$60 monthly limit, individual only**
- ☐ Insurance through work
- ☐ Silver Plan through the Marketplace - **$400 monthly premium limit after tax credits**
- ☐ Medicare Part C Plan with drug coverage
- ☐ Medicare Part D Plan
- ☐ Medicaid Purchase Plan (MAPP)
- ☐ BadgerCare
- ☐ None of the options

Section 2: Insurance policy information. Please be complete and attach documents. Contact your insurance company for this information.

Important: If your plan starts on January 1, you must complete and send this form to HDAP by the first week of December, or you must make your first payment. If you have a dental plan, you must make your first month's payment.

Insurance policy information

Insurance company and plan type

Payment mailing address	City, state, ZIP code

Policy start date	Policy end date	Policy number

Payment amount	**Due date (do not use ASAP)**	**Payment is made** ☐ Monthly ☐ Quarterly ☐ Annually

Insurance company and plan type

Payment mailing address	City, state, ZIP code

Policy start date	Policy end date	Policy number

Payment amount	**Due date (do not use ASAP)**	**Payment is made** ☐ Monthly ☐ Quarterly ☐ Annually

Complete and send this form to HDAP by the first week of December.
You can also submit this information online with the HDAP Online Portal (HOP) at hdap.wi.gov.

Division of Public Health
Attn: HDAP
PO Box 2659
Madison WI 53701

Fax: 608-266-1288
Phone: 800-991-5532
Email: DHSDPHHDAP@dhs.wisconsin.gov