



Earl Ray Tomblin, Governor Michael J. Lewis, M.D., Ph.D., Cabinet Secretary

3501 MacCorkle Ave SE #201
Charleston, WV 25304

Dear Applicant,

As a West Virginia Health Insurance Premium Payment (HIPP) member, you are responsible for keeping your personal information on file up to date. Please update the following if anything has changed since you last updated your personal information.

WV HIPP Information Change Form

First/ Middle/ Last Name: _____
Address: _____ Apt#: _____
City/ State/ Zip: _____ Address Change Date: _____
Phone #: _____ Cell #: _____ E-mail Address: _____
Insurance company: _____ Premium Amount: _____
Employer Name: _____ Employer Phone: _____
New Dependent or Dependent reinstated: _____

You can either fax or mail a copy of this form to the WV HIPP program.

Fax: 855-888-3003
Address: WV HIPP
3501 MacCorkle Ave SE #201
Charleston, WV 25304

Thank you for keeping your information current. This will help you receive timely reimbursements. You may call our office if you have any questions at our toll-free number 1-855-MyWVHIPP (855-699-8447).

Sincerely,
The HIPP Team

Toll-free phone: 1-855-MyWVHIPP (855-699-8447) | Monday to Friday 8am to 5pm
[Fax: 855-888-3003 | Website: www.MyWVHIPP.com](http://www.MyWVHIPP.com)

West Virginia HIPP is a program of the Department of Health and Human Resources.

