



The Arkansas Health Insurance  
Premium Payment Program  
1818 N. Taylor Street #360  
Little Rock, AR 72207

## EMPLOYER OPT OUT FORM

### 1. Employer Information

1. Employer Name:	2. Employer Federal Tax Identification Number:		
2. Employer Address:	City	State	Zip Code
3. Employer Phone Number:	4. Number of Employees:		

### 2. Employee Information (if available)

1. Employee Name:	2. Employee Social Security Number:		
3. Employee Address:	City	State	Zip Code

### 3. Authorization and Signature

The Arkansas Health Insurance Premium Payment (HIPP) program allows for employers to request exclusion from HIPP program participation. This option for exclusion is to prevent potential financial hardship on small business employers that may result from increased premium payments to health insurance carriers under the employer's healthcare benefit offering to its employees. As the administrator of the AR HIPP program, HMS will grant exclusion status to employers meeting this hardship criteria and requesting such exclusion.

  X    
Authorized Employer Representative Signature

\_\_\_\_\_  
Authorized Employer Representative Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Authorized Employer Representative Title

Please fax or mail this form to AR HIPP program.

Fax: 1-855-777-1001  
Mailing Address: 1818 N. Taylor Street #360  
Little Rock, AR 72207

Toll free phone: 1-855-MyARHIPP (855.692.7447) | Monday to Friday 8:00AM to 5:00PM  
Fax: 1-855-777-1001 | Website: [www.myarhipp.com](http://www.myarhipp.com)  
Arkansas HIPP is a program of the Arkansas Department of Human Services

