



STATE OF MARYLAND
MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
ACKNOWLEDGEMENT OF RECEIPT

As an employee of the University of Maryland, Baltimore County, I,
_____ (printed name), hereby certify that I have received a copy of the Medicaid and the Children's Health Insurance Program (CHIP) Notice, which provides details and contact information for states that offer premium assistance for health coverage. I further understand that while Maryland is not a state that currently provides premium assistance under Medicaid and CHIP, if interested, it is my responsibility to contact the appropriate state to inquire about eligibility for health premium assistance under these programs for me or my dependents.

Employee's Signature

Date