

EEN1



Employee Name: _____

Employer ID: _____

EEN: _____

Dear Employee,

Your employer has been approved to participate in Insure Oklahoma. This program is available to assist you with health plan premiums. To see if you qualify, submit an application. If approved, eligibility will begin the first day of the following month.

To apply for Insure Oklahoma, go to www.insureoklahoma.org and click Apply Now. You will be redirected to an Oklahoma Health Care Authority account log-in page for Insure Oklahoma and SoonerCare members. Please log in to your household's existing OHCA account to apply for Insure Oklahoma. If you do not have an account, you will need to create a new user ID and password before applying.

To apply for Insure Oklahoma you will need the Employer ID and EEN listed above. You will use the Employer ID and EEN once you get to the employment page in the application.

For additional information about Insure Oklahoma, refer to our website at www.insureoklahoma.org. For questions about this letter, call the Helpline at 1-888-365-3742 or for the hearing impaired, call the TDD/TTY line at 405-416-6848.

Sincerely,

Insure Oklahoma
Oklahoma Health Care Authority