



Your SSN _____

PID _____

Active or retired members can apply for the Premium Assistance Program.

Subscriber Information

Name must be entered as shown on your Social Security card.

Name _____
First Middle/Maiden Last

Mailing Address _____
Street or P.O. Box Apt.# City State ZIP Code

Physical Address _____
Street Apt.# City State ZIP Code

Telephone _____
Cell Phone Home Phone Work Phone

Date of Birth _____ Email Address _____

Marital Status Married Single Widowed Divorced Legally Separated

Section A

Federal Tax Return Transcript

Include your federal tax return transcript with this Premium Assistance Application.

This Premium Assistance Application must be filled out completely and signed by both you and your spouse (if married). You must provide a copy of your current **federal income tax return transcript** when you send this application to PEEHIP. If you were married and filed taxes separately, you must also include a copy of your spouse's current year **federal tax return transcript. Include all pages of the transcript(s).** There is no charge to get your transcript from the Internal Revenue Service (IRS). To receive your free federal income tax return transcript, visit: <https://www.irs.gov/individuals/get-transcript> or call 800.908.9946. You should receive your transcript within 7-10 business days. You are not required to send your W-2 or 1099 with your application.

Section B

Signature Certification

I declare that the above information and the accompanying transcript(s) are true, complete, and accurate. I understand that submitting false or misleading information on this application is a crime punishable under state and federal law. I also understand that if any statements or accompanying transcript(s) are found to be incorrect, incomplete, false, or misleading, I will be required to repay all discounts plus interest. This certification authorizes the Alabama Department of Revenue (or corresponding agency of the state of member's residency) to release to PEEHIP all of the member's and their spouse's tax returns in the agency's records for the current and prior tax year.

Sign Here → Signature _____ Date _____
Subscriber

Sign Here → Signature _____ Date _____
Spouse

Section C

Return Application With Transcript

1. Only one application can be submitted per plan year regardless of income change.
2. You must reapply every year during Open Enrollment (July 1 - August 31) or your discount will expire on the upcoming October 1.
3. Any Premium Assistance Application postmarked after the Open Enrollment period will be effective for the first day of the second month after the receipt and approval of the application.

Any information provided to PEEHIP is kept strictly confidential and in compliance with HIPAA regulations. Your income and tax information will not be shared with any third party.



Guidelines

Premium Assistance Guidelines

PEEHIP can provide some assistance to its members by giving a discount on Hospital Medical premiums based on (1) family size and (2) total combined household income. To apply for this discount, PEEHIP members must submit the **PREMIUM ASSISTANCE APPLICATION** and furnish acceptable proof of total annual household income by providing a transcript of their current year filed federal income tax return.

Active and retired members may apply. The discount will be effective the first day of the second month after PEEHIP's receipt and approval of the application. The discount only applies to Hospital Medical premiums and is for the current plan year only. Members must reapply each plan year.

The discount does not apply to the tobacco premium or wellness premium for those who are subject to these premiums. The discount does not apply to members on a Leave of Absence, COBRA, or surviving dependent contract.

Estimate eligibility for the discount using the table below. If eligible, fill out the **PREMIUM ASSISTANCE APPLICATION** on page 1 and send it to PEEHIP with your federal income tax return transcript for the current year.

For free tax preparation help, visit <https://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers>.

For free tax preparation software, visit <https://www.irs.gov/uac/free-file-do-your-federal-taxes-for-free>.

To receive your free transcript, visit <https://www.irs.gov/individuals/get-transcript> or call 800.908.9946.

Discount Estimate Chart

Find the discount column for the range below that includes your total household income on the row for your total family size.

Your total household income is found on:

Form: 1040, line 9

For example, if you are married with 2 children (your family size is 4) and have a total household income of \$47,000, then your potential premium discount is 30%.

| Family Size | 50% Discount for Incomes: | 40% Discount for Incomes: | 30% Discount for Incomes: | 20% Discount for Incomes: | 10% Discount for Incomes: |
|-------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| 1 member | 0 - \$14,580 | \$14,581 - \$21,870 | \$21,871 - \$29,160 | \$29,161 - \$36,450 | \$36,451 - \$43,740 |
| 2 members | 0 - \$19,720 | \$19,721 - \$29,580 | \$29,581 - \$39,440 | \$39,441 - \$49,300 | \$49,301 - \$59,160 |
| 3 members | 0 - \$24,860 | \$24,861 - \$37,290 | \$37,291 - \$49,720 | \$49,721 - \$62,150 | \$62,151 - \$74,580 |
| 4 members | 0 - \$30,000 | \$30,001 - \$45,000 | \$45,001 - \$60,000 | \$60,001 - \$75,000 | \$75,001 - \$90,000 |
| 5 members | 0 - \$35,140 | \$35,141 - \$52,710 | \$52,711 - \$70,280 | \$70,281 - \$87,850 | \$87,851 - \$105,420 |
| 6 members | 0 - \$40,280 | \$40,281 - \$60,420 | \$60,421 - \$80,560 | \$80,561 - \$100,700 | \$100,701 - \$120,840 |
| 7 members | 0 - \$45,420 | \$45,421 - \$68,130 | \$68,131 - \$90,840 | \$90,841 - \$113,550 | \$113,551 - \$136,260 |
| 8 members | 0 - \$50,560 | \$50,561 - \$75,840 | \$75,841 - \$101,120 | \$101,121 - \$126,400 | \$126,401 - \$151,680 |

Premium Assistance Policy

Premium Assistance Policy (Section 16-25A-17.1, Code of Alabama 1975): The annual income of an employee or retiree shall be aggregated with the annual income of the spouse of such employee or retiree and shall include all sources of income including, but not limited to, wages, pension benefits, and Social Security benefits, that may be included in gross income for purposes of federal income taxation. Applicants must submit with their application a copy of their federal tax return and, if the applicant did not file a joint return with his or her spouse, a copy of the spouse's federal tax return. Any reduction in an employee's or retiree's contribution pursuant to this section shall not be considered income of the employee or retiree for purposes of determining Medicaid eligibility for such employee or retiree.