

PREMIUM ASSISTANCE APPLICATION
ACTIVE OR RETIRED MEMBERS
Public Education Employees' Health Insurance Plan
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150
334-517-7000 or 877-517-0020
Website: www.rsa-al.gov



This form is to be used to apply for the Premium Assistance Program. **Complete steps 1-4 below.**

Step 1: Complete the PEEHIP subscriber information below.				
<i>Name must be entered as shown on your Social Security card.</i>				
SSN (Required)	First Name	Middle Initial	Last Name	
Mailing Address		City	State	ZIP Code
Physical Address		City	State	ZIP Code
Home Phone ____-____-____	Cell Phone ____-____-____	Email Address		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated				

Step 2: Include ALL of the following with this Premium Assistance Application that you send to PEEHIP.
<input type="checkbox"/> Premium Assistance Application (this form) – must be completed, signed, and dated. If married, member and spouse must sign all documents.
<input type="checkbox"/> Current year's Federal Income Tax Return – include pages 1 & 2 of Forms 1040, 1040A, or page 1 of Form 1040EZ. Your signature and date is required on your return. If you were married and filed separately, you must also include a copy of your spouse's current year's Federal Income Tax Return. If you (and/or your spouse) filed electronically, a signed Form 8879 e-file Signature Authorization can be submitted in lieu of your signature on your return. Alternatively, you can choose to provide a current year federal tax return transcript instead of the previously listed tax and income documents. To receive your transcript, visit https://www.irs.gov/individuals/get-transcript or call 800.908.9946.
<input type="checkbox"/> All W-2s AND all 1099s from sources of income that were included in the Total Income of your and your spouse's (if married) Federal Income Tax Return(s).

Step 3: Sign and date this application.
I declare that the above information and the accompanying tax returns and supporting 1099s and W-2s 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 tax returns and supporting 1099s and W-2s 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 his/her spouse's tax returns in the agency's records for the current and prior tax year.
Subscriber Signature _____ Date Signed ____/____/____
Spouse Signature _____ Date Signed ____/____/____

Step 4: Mail this completed application and all documents from step 2 to address on top of this page.

Reminders

1. Only one application can be submitted per plan year regardless of income change.
2. **You must reapply every year during Open Enrollment or your discount will expire on the upcoming October 1.**
3. Any Premium Assistance Application postmarked after the Open Enrollment period (July 1 – August 31) 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.

See reverse side for more information.

PEEHIP 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 based on their most recently 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 the reverse side and send it to PEEHIP with all required information from your Federal Income Tax Return 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>

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 either:
 - Form: 1040, line 22
 - 1040A, line 15 or
 - 1040EZ, line 4
- 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%.

Discounts for Family Size and Household Income

Family Size	50% Discount for incomes:	40% Discount for incomes:	30% Discount for incomes:	20% Discount for incomes:	10% Discount for incomes:
1	\$0 - \$11,880	\$11,881 - \$17,820	\$17,821 - \$23,760	\$23,761 - \$29,700	\$29,701 - \$35,640
2	\$0 - \$16,020	\$16,021 - \$24,030	\$24,031 - \$32,040	\$32,041 - \$40,050	\$40,051 - \$48,060
3	\$0 - \$20,160	\$20,161 - \$30,240	\$30,241 - \$40,320	\$40,321 - \$50,400	\$50,401 - \$60,480
4	\$0 - \$24,300	\$24,301 - \$36,450	\$36,451 - \$48,600	\$48,601 - \$60,750	\$60,751 - \$72,900
5	\$0 - \$28,440	\$28,441 - \$42,660	\$42,661 - \$56,880	\$56,881 - \$71,100	\$71,101 - \$85,320
6	\$0 - \$32,580	\$32,581 - \$48,870	\$48,871 - \$65,160	\$65,161 - \$81,450	\$81,451 - \$97,740
7	\$0 - \$36,730	\$36,731 - \$55,095	\$55,096 - \$73,460	\$73,461 - \$91,825	\$91,826 - \$110,190
8	\$0 - \$40,890	\$40,891 - \$61,335	\$61,336 - \$81,780	\$81,781 - \$102,225	\$102,226 - \$122,670

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.