

## MHIP Federal+ Application

### July 2012 – June 2013 Plan Year

If you are a current MHIP Federal member, you may be eligible for reduced MHIP Federal premiums and plan cost sharing. In order to qualify, your total household income, including income from any available Social Security benefit, must be at or below the following levels, which vary by the size of your household:

Household Size	Plan 1	Plan 2
1	0–\$27,925	\$27,926–\$33,510
2	\$0–\$37,825	\$37,826–\$45,390
3	\$0–\$47,725	\$47,726–\$57,270
4	\$0–\$57,625	\$57,626–\$69,150
5	\$0–\$67,525	\$67,526–\$81,030
6	\$0–\$77,425	\$77,426–\$92,910
7	\$0–\$87,325	\$87,326–\$104,790
8	\$0–\$97,225	\$97,226–\$116,670

If you believe your income is at or below the above amounts, we recommend you complete this form by answering the questions below, and attach the required additional MHIP Federal+ income documentation.

- Please list the total number of exemptions claimed on your 2011 tax return filed for your household: \_\_\_\_\_.
- Please list the total number of individuals currently in your household: \_\_\_\_\_.
- Please tell us about your yearly household income as reflected on your 2011 tax return. If you are married, your spouse lives in your household, and you did not file a joint tax return that year, complete columns A and B.

	A Your Return	B Spouse's Return	C Total
<input type="checkbox"/> Filed a 1040, the total household income listed on line 22:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Filed a 1040, non-taxed Social Security income line 20a minus line 20b:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Filed a 1040EZ, the adjusted gross income on line 4:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Filed a 1040A, the total household income on line 15:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Filed a 1040A, non-taxed Social Security income line 14a minus line 14b:	\$ _____	\$ _____	\$ _____
4. Total combined household income listed above* (add amounts listed in number 3 above):			\$ _____
5. Please tell us what you believe your yearly household income will be this year:			\$ _____
6. Please check the plan requested (see reverse side for rates, benefits and qualifications):			
PPO \$500: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2			

I certify that the foregoing information and attachments are true, accurate and complete to the best of my knowledge and I give permission for MHIP Federal to make any necessary contacts to check the income information reported on and attached to this application. I authorize Maryland state agencies to release my most recently reported income information to MHIP Federal for eligibility verification. This information will be used to confirm applicant eligibility for MHIP Federal+ and may not be disclosed outside of MHIP Federal or Maryland State agencies. I know that I can be penalized if I knowingly give false information, and I understand that I may be asked to provide additional information. By signing this application and applying for membership in MHIP Federal, I hereby consent to the release of tax return information to MHIP Federal from state or federal tax authorities for the sole purpose of verifying income requirements for purposes of MHIP Federal+ Plan eligibility.

Print Applicant Name	Signature of Applicant	Signature of Parent or Legal Guardian (If Applicant is under age 18 or Legally Incompetent)
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MHIP Subscriber ID Number (required)	Date
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**REQUIRED DOCUMENTATION:** Please attach copies of all of your 2011 Federal Tax Form or Form 4868 Filing Extension (do not include schedules and other attachments) and send to:

**MHIP, 10800 Red Run Blvd., Mail Stop 380, Owings Mills, MD 21117.**

*Please make complete copies of all your documentation before submitting, for your own records. Thank you.*

If your last year's household income was more than the amounts listed above, but has either been reduced this year or if you did not file a tax return for last year, complete this application and provide one of the following proofs of income for the most recent three month period:

1. Copy of the two most recent pay stubs, along with a statement or note to explain how often you receive a paycheck. If a pay stub is not available, get a signed statement from your employer. Gross monthly income and the dates received should be on the statement, or
2. If self employed, send most recent 3 months profit and loss statements, along with the Schedule C from last year's federal income tax return, or
3. If you have income such as disability or retirement, send copies of award letters or bank statements showing direct deposits from disability or retirement.

## **MHIP Federal+ Plans and Rates**

### *July 1, 2012–June 30, 2013 Plan Contract Year*

Use the **MHIP Federal+ Plan Option Chart** below to determine which Plan is available.

Find your household size and then locate the column to the right with a household income level at or above your current estimated household income.

Use the **MHIP Federal+ Subscriber Rates** below to determine your premium.

Find the Plan that is available to you then find your age and move to the column on the right that reflects your policy type.

You may select the plan available to you based the Plan Option Chart, or any higher plan.

**Example:** An individual in a household of four with a household income of \$60,000 qualifies for Plan 2 but may not select Plan 1.

Your actual premium may be higher if you chose to buy down the plan's pre-existing condition waiting period.

<b>MHIP Federal+ Rates</b>		
<b>Age</b>	<b>\$500 PPO (Plan 1)</b>	<b>\$500 PPO (Plan 2)</b>
0-18	\$197	\$224
19-29	\$219	\$249
30-34	\$263	\$298
35-39	\$301	\$343
40-44	\$344	\$392
45-49	\$389	\$441
50-54	\$429	\$485
55-59	\$469	\$530
60-64	\$510	\$577
65 and over	\$553	\$627