



Premium Subsidy Application Plan Year 2012

Effective July 1, 2011, premium subsidies will be available for household incomes up to 400% of the Federal Poverty Level. If your total household income is at or below the levels shown for your Household size in the following table, you may be eligible for a subsidy to reduce the premiums you pay. If you believe you qualify, complete this form and attach a copy of pages 1 & 2 of all 2010 Federal Income Tax Forms 1040 (pages 1&2), 1040A, or 1040EZ filed by members of your household.

Household size is the total number of people who lived with you in 2010 and is not the number of individuals on your AccessWV policy.

Household income is the total income of everyone who lived with you in 2010 and who was included in the total number of people determining household size. Income includes Social Security or Railroad Retirement benefits, Child Support, Disability, Veterans', and public assistance benefits. Some types of income are not reported on your income tax return, but must be included and copies of documentation provided.

Household Size	Household Income (60% subsidy)	Household Income (45% subsidy)	Household Income (30% subsidy)	Household Income (15% subsidy)
1	\$10,890	\$21,780	\$32,670	\$43,320
2	\$14,710	\$29,420	\$44,130	\$58,280
3	\$18,530	\$37,060	\$55,590	\$73,240
4	\$22,350	\$44,700	\$67,050	\$88,200
5	\$26,170	\$52,340	\$78,510	\$103,160
Each Add'l Person	\$3,820	\$7,640	\$11,460	\$15,280

(Please see other side)

TOTAL number of individuals who lived with you in 2010..... _____

For each tax return filed by a member of your household
(or members if you filed Jointly):

	A	B	Total
List the number of exemptions	_____	_____	_____
Form 1040, Total Income, line 22.....	_____	_____	_____
Form 1040, Non-taxed Social Security income (line 20a minus line 20b)	_____	_____	_____
Form 1040A, Total Income, line 15.....	_____	_____	_____
Form 1040A, Non-taxed Social Security income (line 14a minus line 14b)	_____	_____	_____
Form 1040EZ, Adjusted Gross Income, line 4.....	_____	_____	_____
TOTAL OTHER income received by all family members, including Child support, Disability payments, Veterans' benefits, Public assistance			_____

TOTAL HOUSEHOLD INCOME, ALL HOUSEHOLD MEMBERS WHO LIVED WITH YOU IN 2010 _____

If Household Size (total number of individuals who lived with you in 2010) is not the same as Total number of exemptions claimed, please explain: _____

"Approval of your premium subsidy is determined on an annual basis and the subsidy program may be discontinued as a result of significant depletion or exhaustion of available funds. If the subsidy program is canceled or postponed, you will receive a 30-day notice prior to the discontinuance. Individuals receiving a credit for health insurance costs under Section 35 of the Internal Revenue Code of 1986 are NOT eligible for a premium subsidy."

I understand that if as a result of withholding or providing inaccurate information, I receive assistance to which I am not entitled, such assistance will be subject to recovery by AccessWV and I may be subject to legal action. I declare that I have examined my responses and affirm to the best of my knowledge that they are true, correct and complete.

Print applicant name _____ **Signature of Applicant or Parent or Legal Guardian**
if applicant is <18 or legally incompetent

Mailing address _____ **City** _____ **State** _____ **Zip** _____

Member # _____ **Date** _____