



Employee Subsidy Renewal Application

You must complete this form if you are requesting a subsidy for coverage of your dependents OR if you were not covered by this employer’s plan last year.

Employee’s Name: _____

You and your employer may continue to be eligible for the Health Insurance Partnership, which provides a health insurance premium subsidy to certain small businesses. Your employer receives a subsidy in the form of lower premiums for health insurance. If you pay part of the cost of the insurance, your employer will pass part of the subsidy through to you in the form of lower payroll deductions for the insurance.

Subsidies are available for employee only coverage and for different types of family coverage. You will receive information from your employer about your health plan options and what each health plan will cost after the subsidy is applied.

The Health Insurance Partnership is administered by the Maryland Health Care Commission.

Eligibility and Income

Eligibility for a premium subsidy for your own coverage is based on the average wage of all full-time employees in the business, and does not depend on your personal wages or income.

Eligibility for a premium subsidy for coverage of your spouse or children requires that your family adjusted gross income (family AGI) be less than \$75,000.

- If you are a single parent, your family AGI is the Adjusted Gross Income on your last year’s federal tax return.
- If you are married and filed a joint tax return last year, your family AGI is the Adjusted Gross Income on last year’s joint federal tax return.
- If you are married and you and your spouse filed separate returns, your family AGI is equal to the Adjusted Gross Income on your last year’s federal tax return plus the Adjusted Gross Income on your spouse’s last year’s federal tax return.

If you are eligible and wish to apply for a premium subsidy for coverage of your spouse or children, you must complete the following affidavit. Signing the affidavit does not commit you to include spouse or child coverage but, should you choose to do so, it will allow the State to provide a larger premium subsidy.

Affidavit: I solemnly affirm under penalties of perjury that I have reviewed my family’s federal tax returns for last year and my family AGI is less than \$75,000.			
I understand that the Maryland Health Care Commission may later request a copy of my federal tax return as verification of my family AGI and I agree to fully cooperate with that request.			
Signature:	_____		
Address:	_____		
City:	_____	State: ____	ZIP: _____

Health Savings Accounts

If your employer elects to make a contribution to a qualified Health Savings Account (HSA) that was established in conjunction with a high-deductible health plan, the employer's contribution is eligible for a subsidy. In order for the Commission to confirm that your employer made those contributions, you must authorize the designated financial institution administering your HSA to release information about those deposits. Your signature at the end of this application authorizes the designated financial institution to release this information to the Commission.

Waiver of Remedies and Affidavit

I waive any and all claims or causes of action against the State of Maryland, its subdivisions, or its agents which I or any of my dependents may have by reason related in any way to the Health Insurance Partnership. I understand that the Health Insurance Partnership provides a subsidy to assist in the purchase of health insurance, but has no role in providing the health insurance itself. Any questions about the insurance and all appeals of carrier decisions are handled exclusively by the carrier and, if necessary, by the Maryland Insurance Administration.

I acknowledge that I have read the provisions in this application and understand and agree to them in their entirety.

Employee Signature

Date