



Subsidy Change Application

Check one:

- Add Dependent
- No Longer Eligible for Subsidy

Employer Information

Name of Business _____
 Federal Employer Identification Number _____
 Group Insurance Number _____

Employee Information

Employee Name _____
 SSN _____ - _____ - _____
 Date of Birth _____

Choice of plan

Type of coverage (circle one) Employee only / Employee plus child(ren) / Employee plus spouse / Family
 Plan Chosen _____
 Total covered lives (employee plus any dependents): _____

Eligibility for a Subsidy for Dependent Coverage

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 financial institution administering your HSA to release information about those deposits. Your signature at the end of this application authorizes the financial institution to release this information to the Commission.

Health insurance coverage in the last 3 months

In an effort to effectively evaluate the Health Insurance Partnership, the Commission would like to know if you or any family member has had health insurance coverage in the last 3 months. Please check the appropriate boxes for you and your dependents, if any. **Reporting this coverage does not in any way affect your eligibility for health insurance or the premium subsidy.**

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