



Administered by SelectHealth

HIPUtah Premium Assistance Subsidy Application

A. APPLICANT INFORMATION

Last Name _____ First _____ Initial _____

Date of Birth ____/____/____ Ph # (____) _____

Street Address _____ City _____ State ____ ZIP _____

Name and Social Security # of Head of Household _____

HIPUtah Premium Assistance Subsidy Chart	
Persons in Family or Household*	Annual Income
1	\$33,510
2	\$45,390
3	\$57,270
4	\$69,150
5	\$81,030
6	\$92,910
7	\$104,790
8	\$116,670

HIPUtah enrollees who have an annual income below certain levels may be eligible for the premium assistance subsidy program. If you believe your income is at or below the amounts shown on the Premium Assistance Subsidy Chart, we recommend you complete this form by answering the questions below, attach the required additional HIPUtah documentation, and submit it with this application. You could receive up to a 25 percent discount on your premiums.

Note: Premium assistance will be offered only as long as funding remains available.

B. INCOME INFORMATION

1. Please list the total number of exemptions claimed on your most recent tax return filed in your household _____
2. Please list the total number of individuals currently in your household _____
3. Please tell us about your yearly household income as reflected on your most recent tax return. If you are married, your spouse lives in your household, and you did not file a joint tax return last year; complete all columns below.

	A	B	C
	Your Return	Spouse's Return	Total
Filed a 1040, the total household income listed on line 22	\$	\$	\$
Filed a 1040, total Social Security income listed on line 20a	\$	\$	\$
Filed a 1040EZ, the adjusted gross income on line 4	\$	\$	\$
Filed a 1040A, the total household income on line 15	\$	\$	\$
Filed a 1040A, total Social Security income listed on line 14a	\$	\$	\$

4. Total combined household income listed above* (amount listed in Column C above) \$ _____
5. What do you believe your yearly household income will be this year? \$ _____

* Your household size is the total number of exemptions claimed on your tax return and is not related to the total number of individuals on a HIPUtah policy or application.

C. SIGNATURE

I certify that the foregoing information and attachments are true and accurate to the best of my knowledge, and I give permission for HIPUtah and its Administrator to make any necessary contacts to verify the income information reported on and attached to this application. I authorize state agencies to release my most recently reported income information to HIPUtah for eligibility verification. This information will be used to confirm applicant eligibility for the HIPUtah Premium Assistance Subsidy Program and may not be disclosed outside of HIPUtah or 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.

Applicant Signature _____ **Date** ____/____/____

**Parent or Legal Guardian
Signature if Applicant is under
Age or Legally Incompetent** _____ **Date** ____/____/____

D. REQUIRED DOCUMENTATION

Please attach copies of all of your most recent Federal Tax Forms, including Filing Extension (Form 4868) and send to

**SelectHealth
P.O. Box 30192
Salt Lake City, UT 84130-0192**

If your last year’s household income was more than the amounts listed on the HIPUtah Premium Assistance Subsidy Chart, but has been reduced this 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 three months profit and loss statements or other verification of income, along with the Schedule C, K-1, or E 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.

NOTE: Failure to submit the required documentation will forfeit your eligibility for the Premium Assistance Subsidy Program.