



SelectHealth KidsSM Plans Premium Assistance Program Application

Persons in Family or Household*	Maximum Household Taxable Income
1	\$26,000
2	\$35,000
3	\$44,000
4	\$53,000
5	\$62,000
6	\$71,000
7	\$80,000
8	\$89,000
For each additional person add	\$9,000

Children approved for coverage on a SelectHealth Kids plan may also be eligible for the Premium Assistance Program. Enrollees may apply for premium assistance and for Kids plan coverage together, or they may choose to apply for premium assistance after they are covered on a Kids plan for any period of time. When applying for both, SelectHealth will notify you regarding your approval status on either application and allow you to choose whether or not to proceed with the enrollment process.

Enrollees applying for premium assistance may not be eligible for the Utah Children's Health Insurance Program (CHIP) (unless CHIP enrollment is currently closed), Medicaid, Medicare, or any other type of government insurance program. Eligibility for the Premium Assistance Program is based on taxable household income for the prior year and current income sources.

* Your household size is the maximum total number of exemptions claimed on the tax returns filed for your family or household.

If you believe your taxable household income is at or below the amounts shown above, please complete this form by answering the questions below and attach the required additional documentation noted in section D.

Note: Premium assistance will be offered only as long as funding remains available. Members will be notified if assistance program ends, and may choose whether or not they want to remain on the plan and pay the full premium.

A. CHILDRENS INFORMATION

NAME OF CHILD(REN) (FIRST, MIDDLE INITIAL, LAST)	DATE OF BIRTH (MM/DD/YY)	SELECTHEALTH KIDS PLAN SUBSCRIBER ID# (ON ID CARD), IF CURRENTLY COVERED

B. HEAD OF HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD NAME (FIRST, MIDDLE INITIAL, LAST)		HEAD OF HOUSEHOLD SOCIAL SECURITY# (REQUIRED)	
STREET ADDRESS	CITY	STATE	ZIP
HOME PH# ()			

C. INCOME INFORMATION

- Maximum total exemptions claimed on the most recent tax returns filed for your household _____
- Total number of individuals currently living in your household _____
- Enter your household income as reflected on the most recent tax returns filed for your household.

Tax Form Filed and Associated Income Line	Total
Filed a 1040 – total household income	\$
Filed a 1040 – total Social Security income	\$
Filed a 1040EZ – adjusted gross income	\$
Filed a 1040A – total household income	\$
Filed a 1040A – total Social Security income	\$
Filed a Schedule C (non-farm) – total income	\$
Filed a Schedule F (farm) – total income	\$
Filed a Form 1065 (Schedule K-1 or E) – total income	\$
list number of partners	
Filed a Form 1120S (Schedule K-1 or E) – total income	\$
list number of partners	

- Estimated annual household income for the current year \$_____

I certify that the foregoing information and attachments are true and accurate to the best of my knowledge, and I give permission for SelectHealth to make any necessary contacts to check the income information reported on and attached to this application. I authorize state agencies to release my most recently reported income information to SelectHealth for eligibility verification. This information will be used to confirm applicant eligibility for the SelectHealth Kids Premium Assistance Program and may not be disclosed outside of SelectHealth or state agencies. I know that I can be disqualified if I knowingly give false information, and I understand that I may be asked to provide additional information. I also understand that I will be required to submit additional income

Signature of Parent or Legal Guardian

I understand and agree that by typing in my name and/or clicking on the button that says “I agree,” I am engaging in an electronic transaction and creating an electronic agreement that is legally binding upon me and those I represent in the same manner as if I had signed a paper document containing the same terms and conditions.

Please type your signature in the box below.

Please verify your signature by typing it again.

Date Signed.

D. REQUIRED DOCUMENTATION

- Please attach copies of all of the most recent federal and state tax forms filed for your household, including any filing extension forms (form 4868).
- Copies of the two most recent pay stubs, in addition to a statement or note to explain how often each household paycheck is received. 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

If self employed, send the last three months profit and loss statements or other verification of income, in addition to the Schedule C, K-1 or E from last year’s federal income tax return;

- If you have income such as disability, alimony, retirement, etc., send copies of award letters or bank statements showing direct deposits from these income sources.

Failure to submit the required documentation for the Premium Assistance Program with this application will result in denial of acceptance into the program.

Please submit this application and the required documentation to the following address

**Attn: Individual Sales Department
4646 West Lake Park Boulevard
Salt Lake City, UT 84120**