

Application for State Premium Assistance

State of Tennessee • Department of Finance and Administration

YOU ONLY NEED TO SUBMIT THIS PAPER AND TAX FORMS IF YOU ARE REQUESTING PREMIUM ASSISTANCE.



Return applications to:

AccessTN c/o BCBST
1 Cameron Hill Circle, Chattanooga TN 37402

AccessTN is administered by BlueCross BlueShield of Tennessee, Inc.
 -an independent Licensee of the BlueCross Blue Shield Association

You may be eligible for premium assistance if your household income (*what the IRS calls total “adjusted gross income”) is \$75,000 or less. Please complete this form and attach copies of the records it asks for.

Send only if applying for premium assistance. When submitted, this information will become part of your AccessTN Application for Health Coverage. It should be signed and complete to be considered. Some questions are repeated from the Application for Health Coverage to aid processing.

NOTE: Premium assistance will be offered only as funding is available.

Applicant Name: Last: _____ First: _____ MI: _____			Date of Birth: _____	
Mailing Address: _____			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
City: _____	State: _____	Zip Code: _____	County: _____	
Home Phone () _____	Work Phone () _____	Cell/Mobile Phone () _____	SSN _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Email Address if OK to communicate with you by email _____		
<input type="checkbox"/> Check if you need help with English or to request help in your primary language (please list): _____				
Have you used tobacco products during the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			Height _____	Weight _____

Everyone applying for premium assistance must fill out Sections One, Four and Six. Fill out the other sections ONLY if they fit your situation. Missing information or records will delay premium assistance.

Section One – Are you required to file a federal tax return?

Did you or will you file a federal tax return for the **most recent** tax year? Yes No
 (This includes you and your spouse if you live together or the parents if applicant is a minor child.)

- If you are not required to file an IRS tax return, go to Section Two.
- If yes, please provide a copy of page 1 and 2 of your most recent IRS tax return(s).

Note: Depending on what year your most recent tax return is for, we may ask you to update your records later when you file your next tax return.

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Section Two – Unless we ask, fill out Section Two ONLY IF you are NOT required to file an IRS tax return

Are you or your spouse working now? Yes No (This includes parents if applicant is a minor child.)

- If you or any member of your household has income from working, please attach:
 - for every job held, copies of check stubs for 2 recent pay periods in a row
 - if paid in tips or other pay, or if getting unemployment, send records for that also.

- Does anyone claim you as a dependent on their IRS tax return? Yes No

- Do you or your spouse receive Social Security benefits? Yes No
 - If yes, please provide a copy of your Social Security benefit letter(s).

- Do you or your spouse receive Retirement benefits? Yes No
 - If yes, please provide a copy of your IRS Form 1099R(s) - Send ONLY IF you did NOT file a federal tax return for the period. Note: a 1099R is to report "Distributions from Pensions, Annuities, Retirement or Profit Sharing Plans, IRAs, or Insurance Contracts".

Section Three – Fill out Section Three ONLY IF you had a big change in income for the current year

Only fill out this section **IF** your current income is very different than the income reported on your most recent tax return.

Are you or your spouse working now? Yes No (This includes parents if applicant is a minor child.)

- If working, please provide copies of check stubs showing income for 2 recent pay periods in a row for each household member that is employed

- If not working, are you drawing unemployment? Yes No

- If drawing unemployment, please send us a copy of your unemployment benefit letter.

Section Four – Required - Household Members

Please list all the people that live with you. Check whether they file a separate tax return, whether they do not file a tax return, or whether they are claimed on the same tax return as you (including a parent's tax return if applicant is a minor child). Please attach additional page(s) if needed.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Files a Separate Tax Return</u>	<u>Does Not File a Tax Return</u>	<u>Claimed Same Tax Return as Me</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section Five – Fill out Section Five IF you have no income or if you get financial help from others

- If you have no income, what is your current situation -- how do you pay your living expenses and how will you pay your AccessTN premium? _____

- If getting help, please provide a letter **signed by** each person or company helping you pay your bills. The letter must tell us:
 - the name, address and phone number of person helping you
 - if this person claimed you as a dependent on their **most recent** tax return
 - how this person is helping you

Note: You must re-qualify for premium assistance on an annual basis. However, if you experience changes in your financial status (i.e. income, employment, marital, insurance eligibility) anytime during the year, you are required to notify us immediately.

You can reach us toll-free at 1-866-636-0080.

BlueCross BlueShield of Tennessee, Inc. is the Plan Administrator for all AccessTN benefit plans. Health Assist Tennessee provides language and application assistance to AccessTN applicants. Either of these organizations may contact you for AccessTN. All AccessTN contractors are required to protect your personal health information.

If you choose to apply for AccessTN premium assistance, this Application for State Premium Assistance shall be incorporated into your AccessTN Application for Health Coverage by reference, in its entirety. By your signature below, you are specifically reaffirming Sections G, “Protected Health Information”, and Section I, “Statement of Understanding and Affirmation” of that document and you agree that those provisions shall apply to all information submitted as part of this Application for State Premium Assistance.

Section Six – Required - Member Signature

Important - Member signature applies to all information provided

By your signature, you certify that the information submitted is true and accurate to the best of your knowledge and belief.

Member's Signature in ink (or by parent, legal guardian or conservator, if applicant not legally competent)	Date
If signed by applicant, nothing is required in this block. If signed by parent, legal guardian or conservator for the applicant, please print name, address, phone number and relationship here.	
Please tell us any persons you are giving us permission to talk to about the information in this worksheet and attachments.	

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Call 1-866-636-0080 toll free if you have questions or need help with these papers.

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