

## ***DirigoChoice Individual Certification Statement***

To apply for *DirigoChoice* coverage as an individual, you must check one of the following: Box A, Box B, Box C, Box D, Box E, or Box F. Be sure to sign this form at the bottom. If you have any questions about this form, please call Dirigo Health Agency at 1-888-243-8731 (TTY: 1-207-474-4891 if you are deaf or hard of hearing and have TTY equipment).

### **A**

**All of the following statements are true:**

- (1) I am unemployed.
- (2) I am not currently eligible for Medicare.
- (3) I reside in the State of Maine<sup>1</sup> and have for at least the last 60 days.

### **B**

**All of the following statements are true:**

- (1) I do not work more than 20 hours a week for any single employer.
- (2) I am not the Employer of an eligible business of 2 to 50 employees.
- (3) I am not currently eligible for Medicare.
- (4) I reside in the State of Maine<sup>1</sup> and have for at least the last 60 days.

### **C**

**All of the following statements are true:**

- (1) I am an individual employed in an eligible business of 2 to 50 employees.
- (2) I am not the Employer of an eligible business of 2 to 50 employees.
- (3) My employer does not provide me access to an employer-sponsored health benefits plan.
- (4) My employer has not provided me access to an employer-sponsored health benefits plan in the last 12 months.
- (5) I am not currently eligible for Medicare.
- (6) I reside in the State of Maine<sup>1</sup> and have for at least the last 60 days.

### **D (employer)**

**All of the following statements are true:**

- (1) I am the Employer of an eligible business of 2 to 50 employees.
- (2) I have offered DirigoChoice to my employees, but was unable to get necessary 75% participation. I have attached and signed a letter detailing my efforts specific to offering DirigoChoice to my employees. The letter includes: my intended contribution level; the number of hours an employee must work each week to qualify for coverage in my business; and the number of full-time employees (work 30 hours or more per week) and part-time employees I have.
- (3) I am not currently eligible for Medicare.
- (4) I reside in the State of Maine<sup>1</sup> and have for at least the last 60 days.

---

<sup>1</sup> Resident is referenced in 24-A MRSA, section 6903(16) and defined in 24-A MRSA, section 2736-C, subsection 1, paragraph C-2.

**E (retiree)**

**All of the following statements are true:**

- (1) I am a retiree who worked for an eligible business of 2 to 50 employees.
- (2) My former employer does not contribute to retiree health insurance coverage.
- (3) I am not currently eligible for Medicare.
- (4) I reside in the State of Maine<sup>1</sup> and have for at least the last 60 days.

**F**

**All of the following statements are true:**

- (1) I am an individual employed by a household and I work more than 20 hours a week (for example: nanny, housekeeper, butler, etc).
- (2) I am not Self-employed (the household is considered my employer) and I am not the Employer of an eligible business of 2 to 50 employees.
- (3) My employer does not provide me access to an employer-sponsored health benefits plan.
- (4) My employer has not provided me access to an employer-sponsored health benefits plan in the last 12 months.
- (5) I am not currently eligible for Medicare.
- (6) I reside in the State of Maine<sup>1</sup> and have for at least the last 60 days.

In signing this statement, I certify that I meet the eligibility requirements checked above.

If I am covering my spouse/domestic partner, I certify that he/she also meets the Individual Eligibility requirements.

I will contact the Dirigo Health Agency if my circumstances change. I understand that failure to do so may result in loss of coverage for me and my family members.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date\_\_\_\_\_