



Information Provided on This Form Is Strictly Confidential

Section 1: General Information

1. Applicant Information

Last Name _____ First Name _____

Mailing Address (Street or PO Box) _____

City _____ State _____ Zip Code _____

If different from your mailing address, write the address where you actually live: _____

Home Telephone _____ Work Telephone _____ Email address _____

Are you a resident of the State of Maine? Yes No

Is everyone applying for a discount a U.S. citizen? Yes No If English is not your first language, what language do you speak? _____

1.a. Were you covered by another health insurance plan for all 12 months prior to applying for *DirigoChoice*? If No, go to 1.e. Yes No

1.b. How much was your deductible on the plan you had before?
 Single: \$ _____ Family: \$ _____ Unsure: \$ _____

1.c. What was the coverage? Check all that apply:
 MaineCare Military/VA Anthem Blue Cross and Blue Shield
 Aetna Cigna Other (specify): _____

1.d. Was the coverage offered through your employer? Yes No

1.e. If you are applying to cover dependents through *DirigoChoice*, please tell us whether they had health insurance for all 12 months prior to applying for *DirigoChoice*?
 Spouse/Domestic Partner: Yes No
 Dependent Child(ren): Yes No

2. Discount Request *There are 5 DirigoChoice discount levels. The highest discount is DirigoChoice/MaineCare.*

I want to apply for a discount including *DirigoChoice/MaineCare*. I do not want to apply for a discount.

If you checked above that you do not want a discount, go to Section 3. Be sure to sign and date the application.

Section 2: DirigoChoice Discount Information

3. Household Members and Relationship

Last name	First name	Middle initial	Sex	Relationship to you	Social Security Number	Date of birth
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

4. Household Wages *Attach copies of paychecks or pay stubs, or other proof of wages.*

Who has wages	Employer's name and phone number	Amount you earn annually

5. Self-Employment Income *Attach a copy of your most recent Federal tax return.*

Name of person who is self-employed	Name of business
Name of person who is self-employed	Name of business

6. Annual Other Income *Attach proof of any income you list below.*

Type of income	Amount	Where to find it
Investment income (dividends from stock, bonds, annuities, trusts, mutual fund shares)	\$	Annual interest income statements and Form 1040 line 9a
IRA distributions	\$	Form 1040 line 15a (or line 15b if line 15a is blank)
Pensions and annuities	\$	Form 1040 line 16a (or line 16b if line 16a is blank), checks, award letters, signed letter from payer
Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040 line 17
Unemployment compensation	\$	Checks, award letters, Form 1040 line 19
List Social Security or Railroad Retirement ONLY if applying for MaineCare	\$	Form 1040 line 20a and checks, award letters, signed letter from payer
Gross child support received	\$	Support orders, checks, check stubs

7. Child-Related Allowable Deductions Attach copy of receipts, checks, or other proof of payment. **DRAFT**

Child care expenses paid by a member of your household

Name of child care provider	Child's name	Amount paid annually

Child support paid out by a member of your household

Name of person who pays support	Person to whom support is paid	Amount paid annually

8. Assets (Must Be Completed to Be Considered for a Discount)

Cashable assets (for example, savings accounts, checking accounts, stocks, bonds, mutual funds, certificates of deposit)

Type of asset	Value or balance	Name(s) on account	Account number and bank

Lump sum payments (for example, gifts, inheritances, lottery winnings, insurance settlements such as property damage claims, accidents, injury and death benefits)

Type of asset	Value or balance	Name(s) on account	Account number and bank

Real estate (other than the home and land where you live, for example, second home, camp, land not attached to your home. See real estate exclusions in DirigoChoice Discount Information and Application Instructions.)

Type of real estate	Value	Owner(s)

Vehicles

Year	Make/model	Owner(s)	Estimated value	Amount owed

Recreational vehicles (for example, boat, motorcycle, snowmobile, ATV)

Year	Make/model	Owner(s)	Estimated value	Amount owed

9. Additional Information: If you answer these questions, we can see if you or someone in your household qualifies for MaineCare options.

Does anyone in your household have a disabling condition, or is anyone in need of HIV/AIDS benefits? Yes No

Is anyone in your household pregnant? Yes No If Yes, name: _____ Due date: _____

Does a member of your household have breast or cervical cancer? Yes No

If you are determined to be MaineCare eligible, we may be able to help with old medical bills. Do you have medical bills up to 3 months old? Yes No

Section 3: Signature

10. Signature of applicant

I understand the questions on this form. All statements and answers I have given are true and complete. The Dirigo Health Agency (DHA) and/or the Department of Health & Human Services (DHHS) may check information submitted on this form. Social Security numbers are used to do computer matches with the IRS, Social Security Administration, Department of Labor, other government agencies, and private financial institutions. I understand it is a crime to knowingly provide false, incomplete or misleading information on this form and that I could be charged with perjury. I understand that DHHS has the right to collect payments from other responsible parties and available insurance for medical support, accidents or injuries for medical services covered by *DirigoChoice/MaineCare*.

I agree that if it is decided I and/or anyone in the household are not eligible for the 100% discount group, this application for MaineCare will be withdrawn. The letter from DHA will tell me about appeal rights.

Signature

Date