

The Part-Time Worker Coverage Voucher Program

Subsidy Application

Please call the Dirigo Health Agency (DHA) Customer Service Center at 1-877-892-8391 or 207-287-9900 with any questions you have. Send the completed application to: DHA Voucher Program Application Unit, 153 State House Station, Augusta, ME 04333-0153 or fax to 207-287-9950.

Section 1: General Information

1a. Applicant Information

Last Name _____ First Name _____ M.I. _____

Mailing Address (Street or PO Box) _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Mobile _____ Email address _____

Gender Male Female Social Security # _____

1b. Do you live and work in the State of Maine? Yes No

1c. Name of Employer _____ Phone # _____

1d. Were you covered by health insurance for the 90 days prior to the effective date of your Employer Coverage? Yes No

1e. Household Size: _____ Household equals the applicant plus all dependents. Dependent means an applicant's spouse or domestic partner, an unmarried child less than 23 years of age who qualifies as a dependent for tax purposes, or a person of any age who is the child of a plan enrollee and is disabled and dependent upon that plan enrollee. Child means a natural child, stepchild, adopted child, or child placed for adoption with a plan enrollee.

Please list your household members below:

Last Name	First Name	Relationship to you	Gender		Date of Birth	To Be Covered	
			M	F		Yes	No
			M	F		Yes	No
			M	F		Yes	No
			M	F		Yes	No
			M	F		Yes	No
			M	F		Yes	No
			M	F		Yes	No

Section 2: Income Information

Household Wages. Include a copy of your most recent Federal 1040 tax return. If it does not represent your present income, include one of the following with the 1040 tax form:

- a signed letter explaining the changes
- copies of two pay stubs
- other proof of income

What is Counted	Annual Amount	Where to find it on your most recent Federal 1040 tax return
2a. Applicant gross wages, tips, and salaries (before any deductions)	\$	Use Form 1040 Line 7 "Wages, salaries, tips, etc." or wages as reported on a W-2. Do not use Line 37, "Adjusted Gross Income."
2b. Spouse or Domestic Partner gross wages, tips, and salaries (before any deductions)	\$	
2c. Net self-employment income (gross receipts minus allowable business expenses)	\$	Form 1040 Line 12 "Business income or (loss)" or Quarterly Estimates of Earnings.
Annual Other Income		
2d. Interest and investment income (savings accounts, dividends from stocks, bonds, trusts, mutual funds)	\$	Form 1040 Line 8a and Line 9a, or annual interest income statements
2e. Alimony received	\$	Form 1040 Line 11 or copy of divorce settlement orders
2f. IRA distributions	\$	Form 1040 Line 15a or Line 15b if 15a is blank
2g. Pensions, annuities, 401(k)	\$	Form 1040 Line 16a or Line 16b if 16a is blank. Award letters or statements from payers
2h. Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040 Line 17
2i. Farm income or loss	\$	Form 1040 Line 18
2j. Unemployment compensation	\$	Form 1040 Line 19 or award letters
2k. Social Security of all types and Railroad Retirement	\$	Form 1040, Line 20a or award letters. Survivor benefits for children are excluded.
2l. Gross child support received	\$	Use support orders or checks
2m. Income Subtotal (Total of lines 2a through 2l)	\$	
2n. Allowable childcare expenses	\$	\$200 per child per month is allowed if under age 2, \$175 per child per month is allowed if age 2 or older. The caregiver must be a person outside the household.
2o. Child support paid out Alimony paid out	\$	Use court orders or checks
2p. Deductions Subtotal (Total of lines 2n and 2o)	\$	
2q. Income Total (Line 2m minus line 2p)	\$	DHA Eligibility Representatives will make the final decision on the subsidy group.

(Note: Workers' Compensation payments and Veterans Affairs disability payments are not counted as income)

Section 3: Asset Information - is required in order to be considered for the Voucher Program

List any assets owned by you and your spouse or domestic partner. Include assets owned jointly with another person.

3a. Cashable Assets: This includes savings and checking accounts. Use the checking account balance left after monthly expenses. Certificates of Deposit (CDs), credit union shares, stocks, bonds, annuities, mutual funds, or profit sharing plans.		DO NOT INCLUDE: Retirement savings accounts, educational savings accounts, amounts already included as wages or income on Form 1040, Workers' Compensation payments, Veterans Affairs Disability payments.		
Type of Asset		Value or Balance		
<input type="checkbox"/> I have no countable cashable assets				
3b. Vehicles: Include recreational vehicles such as boats, motorcycles, snowmobiles, ATVs. (Estimated value = "Blue Book" value minus the amount you may owe)		DO NOT INCLUDE: Primary vehicle and secondary vehicle if used as transportation for essential daily activities.		
Year	Make/Model	Blue Book Value	Amount Owed	Estimated Value
<input type="checkbox"/> I have no countable vehicle assets				
3c. Real estate: List any other property you own (for example, a second home, camp, land not attached to your primary home). Use property tax bill for estimated value.		DO NOT INCLUDE: Your primary home and surrounding land where you reside, income producing property (rentals, fishing boats, commercial trucks, machinery, livestock)		
Type of Real Estate		Estimated Value		
<input type="checkbox"/> I have no countable real estate assets				
3d. Lump sum payments: (for example gifts, inheritances, lottery winnings, any insurance settlements not listed in 3a above.		DO NOT INCLUDE: Amounts already included in checking and savings accounts listed in 3a above.		
Type of Payment		Value		
<input type="checkbox"/> I have no countable lump sum payment assets				

Total Value of Countable Assets: \$ _____

Section 4: Signature of Applicant

All statements and answers I have given are true and complete. The Dirigo Health Agency may check information submitted on this form. 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 agree that I must notify the Dirigo Health Agency immediately of any changes to my health coverage including any addition or termination of dependent coverage or of termination/cancellation of my coverage.

Signature

Date

Section 5: Estimator Worksheet – You can use this worksheet to determine your Voucher Subsidy Level based on the Income and Asset information you entered above.

Step 1: Estimate Your Income Subsidy Group

On the Income Subsidy Chart find your household size in the left column. This is the number you entered in Section 1 Number 1e above. Then go right until the amount in the column is greater than your total income. This is the amount you entered on Section 2 Number 2q above. Then read up to see your subsidy group.

For example, if you have a household size of 1 and your household income is \$15,000, you would be in Group B.

Enter your Income Subsidy Group: _____

Income Subsidy Group	B	C	D	E
Household Size	Annual Income Less Than:			
1	\$16,335	\$21,780	\$27,225	\$32,670
2	\$22,065	\$29,420	\$36,775	\$44,130
3	\$27,795	\$37,060	\$46,325	\$55,590
4	\$33,525	\$44,700	\$55,875	\$67,050
5	\$39,255	\$52,340	\$65,425	\$78,510
6	\$44,985	\$59,980	\$74,975	\$89,970

Step 2: Estimate Your Final Voucher Level

- On the charts below find your household size at the top which is either Single for a household of 1 or Family for a household of more than 1. Then go down until the amount in the Countable Asset column is greater than your total assets (which is the Total Value of Countable Assets amount in Section 3 above). Then read across to the top row titled Income Subsidy Group (B-E) which is the Income Subsidy Group you listed in Step 1. Then refer to numbers 1–5 to see your Final Voucher Level. If your Final Voucher Level is a 5, you are not eligible for a subsidy.

For example, if you have a household size of 1 (Single) whose household income would qualify for a B Income Subsidy Group and you had \$10,000 in assets you would have a Final Voucher Level of 1.

Single

Income Subsidy Group	B	C	D	E
Countable Asset Amount	Final Voucher Level			
\$15,000	1	2	3	4
\$29,999	2	3	4	5
\$44,999	3	4	5	5
\$59,999	4	5	5	5
\$60,000	5	5	5	5

Family

Income Subsidy Group	B	C	D	E
Countable Asset Amount	Final Voucher Level			
\$30,000	1	2	3	4
\$59,999	2	3	4	5
\$89,999	3	4	5	5
\$119,999	4	5	5	5
\$120,000	5	5	5	5

Enter your Voucher Level: _____

Step 3: What Does Your Final Voucher Level Mean?

- It means you will receive a subsidy on the monthly premium for your employer sponsored health coverage. This subsidy applies to your share of the monthly premium after any contribution your employer makes. The chart below shows the final amount you are responsible for paying depending on your voucher level listed below.

Voucher Level	Single	EE + Spouse	EE + Child(ren)	Family
1	\$30.00	\$35.00	\$35.00	\$45.00
2	\$75.00	\$100.00	\$100.00	\$125.00
3	\$180.00	\$240.00	\$240.00	\$300.00
4	\$330.00	\$440.00	\$440.00	\$550.00

Example:

Employer is quoted a monthly single rate for their employer sponsored coverage for each employee of \$400.

Employee only (no dependents) rate = \$400

Employer pays 5% of the rate = \$20 and deducts \$380 from the employee's paychecks

Remaining portion = \$380

Employee qualifies for a Voucher Level 1 and pays \$30 per month

DHA puts \$350 on the employee's debit card on the 1st of each month

\$ 20 = Employer cost

\$ 30 = Employee cost

\$350 = DHA contribution

\$400