SCL Health

2019 Medical Premium Assistance Program Affidavit

Associate Information		
Name	**Date of Birth** (MM/DD/YYYY)	
Associate ID (S number)	**Phone Number**	**Email**
Work Location	**Home Address**	

List each person in your household, including yourself, and each person's monthly income. Use an additional piece of paper, if needed.

Name	Age	Relationship	Gross Monthly Income
1.		Self	
2.			
3.			
4.			
5.			
6.			

I, _____, do hereby verify that the information provided in this affidavit is true and correct and includes all the income in my household from every person who lives there. I authorize SCL Health to use the information I've provided for the purpose of determining my eligibility under the Medical Premium Assistance Program ("Program").

I understand that if I knowingly and intentionally provide false, incomplete or misleading facts or information on any benefits form or other document for the purpose of defrauding or attempting to defraud SCL Health, I may be disciplined up to and including repayment of premium subsidies under the Program, permanent removal from participating in the Program, and/or termination of employment.

I understand that if I no longer meet the eligibility requirements of the Program that I must notify Human Resources as soon as possible. (For example, if you or your spouse receives a salary increase that results in the projected income exceeding the amounts listed above, you must notify the HR Service Center at 855-412-3701 or at SO-HRSupport@sclhs.net.)

I understand that SCL Health is not providing me with advice regarding any potential tax consequences associated with receiving a premium subsidy. If I have tax related questions I will consult with a tax advisor.

I understand that SCL Health may randomly audit Program participants to verify gross household income and may request the IRS Form 1040 and/or a transcript of tax return from the IRS. If I am married (including common law married) or elect coverage for an LDA, SCL Health may request copies of the spouse's or LDA's paystubs and IRS Form 1040, if separate returns are filed.

_____ _____

Signature of Associate Date

Submit this completed Affidavit to the HR Service Center:

By Fax: 303-813-5240 or **By Email:** SO-HRSupport@sclhs.net

Frequently Asked Questions

What is the purpose of this program?

In keeping with SCL Health's mission, we are committed to providing affordable medical coverage for our associates and their eligible dependents. Factors such as the number of working individuals in the household or the number of household members can have a dramatic effect on an individual's ability to afford health insurance, which is why our program takes household size and income into account. Eligible associates receive a 75% discount for the SCL Health medical plan of their choice.

Who is eligible to receive reduced-cost medical premiums?

The Medical Premium Assistance Program provides regular, full-time associates reduced-price medical premiums based on the following income and family size criteria:

Family Size	Annual Household Income
One: You only	$37,000 or less
Two or more: You plus one or more tax dependents living in your household	$49,000 or less

How do I determine my total household gross income?

Gross income includes all income a person receives during a year that is not explicitly exempt from taxation, such as:

- Wages, salaries, tips
- Unearned income, such as dividends, interests and pensions
- Alimony
- Unemployment compensation
- Income from the rental of personal property

Child support is generally not considered income.

How do I determine my family size?

Follow these basic rules when counting members of your household:

- Include your spouse if you're married.
- If you plan to claim someone as a tax dependent for the year you want coverage, **do** include them on your affidavit. If you won't claim someone as a tax dependent, **don't** include them.
- Include your spouse and tax dependents, even if they don't need medical coverage through SCL Health.

Learn more about who to include in your household based on Affordable Care Act Federal Exchange guidelines.

How and when can I apply?

You can apply anytime. Simply complete the affidavit on the prior page and submit to the HR Service Center by fax to 303-813-5240 or email at SO-HRSupport@sclhs.net. If approved, assistance will be reflected on your paycheck as soon as administratively possible.

What if my situation changes?

If your household income or family size changes, you may make changes at any time by contacting the HR Service Center. This includes becoming newly eligible for the program even if you didn't qualify in the past, or no longer qualify due to an increase in household income or a reduction in your tax dependents.

Will I need to re-apply each year?

If you qualify, you will receive assistance for the rest of the calendar year. You can re-apply each fall for assistance the following year.

Who do I contact if I have questions?

You may contact the HR Service Center at 855-412-3701 or 303-813-5250, or via email at SO-HRSupport@sclhs.net.