

**Application for
2009 Income Adjusted Health Insurance Subsidy**

COMPLETE ONLY IF YOUR HOUSEHOLD INCOME IS LESS THAN \$45,000

To be completed by Staff/Faculty Member (Please Print):

Name

Social Security Number

My signature below indicates that I have reviewed what I/we, singly/together as a household, will earn as total income in 2009 and I certify that I have checked the appropriate household income box in the matrix below.

Check Total Estimated Household Income for 2009		OPEN ACCESS PLAN											
		Check the corresponding salary adjusted subsidy											
		Employee		Employee & Child(ren)		Employee & Spouse		Family					
<input type="checkbox"/>	Annual Income	<input type="checkbox"/>	BW	MN	<input type="checkbox"/>	BW	MN	<input type="checkbox"/>	BW	MN	<input type="checkbox"/>	BW	MN
	less than \$20,000		\$15.25	\$33.04		\$51.84	\$112.32		\$64.04	\$138.75		\$97.58	\$211.43
	\$20,000 - \$25,000		13.34	28.91		45.36	98.28		56.03	121.40		85.38	185.00
	\$25,000 - \$30,000		11.44	24.78		38.88	84.24		48.03	104.06		73.19	158.57
	\$30,000 - \$35,000		7.62	16.52		25.92	56.16		32.02	69.37		48.79	105.71
	\$35,000 - \$40,000					12.96	28.08		16.01	34.69		24.40	52.86
	\$40,000 - \$45,000											12.20	26.43

Check Total Estimated Household Income for 2009		HIGH DEDUCTIBLE HEALTH PLAN											
		Check the corresponding salary adjusted subsidy											
		Employee		Employee & Child(ren)		Employee & Spouse		Family					
<input type="checkbox"/>	Annual Income	<input type="checkbox"/>	BW	MN	<input type="checkbox"/>	BW	MN	<input type="checkbox"/>	BW	MN	<input type="checkbox"/>	BW	MN
	less than \$20,000		\$5.83	\$12.63		\$19.81	\$42.93		\$24.48	\$53.04		\$37.30	\$80.82
	\$20,000 - \$25,000		5.10	11.05		17.34	37.57		21.42	46.41		32.64	70.71
	\$25,000 - \$30,000		4.37	9.47		14.86	32.20		18.36	39.78		27.97	60.61
	\$30,000 - \$35,000		2.91	6.31		9.91	21.47		12.24	26.52		18.65	40.41
	\$35,000 - \$40,000					4.95	10.73		6.12	13.26		9.32	20.20
	\$40,000 - \$45,000											4.66	10.58

I further understand that the college has an obligation to be diligent in the administration of benefits, especially those regulated by the Internal Revenue Service and/or the Department of Labor. If there is question or concern about the information I have provided on this application, a representative of Human Resources can request that I authorize the IRS to verify that the total income reported on my/our 2007 federal income tax return(s) is within the range checked above. Upon such a request, I agree to authorize the IRS to verify the number or to forfeit my eligibility for the salary adjusted health insurance premium and repay what has been given me for calendar year 2007.

Signature of Applicant

Date