INSTRUCTIONS FOR INDIVIDUAL APPLICANT

APPLICATION FOR CERTIFICATE OF ELIGIBILITY FOR THE HEALTH INSURANCE PREMIUM TAX CREDIT

INDIVIDUAL APPLICANT FIRST NAME:

Please print the applicant's first name.

INDIVIDUAL APPLICANT LAST NAME:

Please print the applicant's last name.

INDIVIDUAL APPLICANT ADDRESS NUMBER AND STREET OR PO BOX:

Please print the address to which the Certificate of Eligibility should be mailed. An accurate address is essential for processing the application.

INDIVIDUAL APPLICANT DAY-TIME PHONE NUMBER:

Please fill in the phone number at which the applicant can be reached during the day. This is very important should the applicant move during the course of the two-year period over which the Certificate of Eligibility can be renewed.

FAMILY SIZE:

Enter a number that represents the total count of the applicant, the applicant's spouse and the number of dependent children. This number is necessary to determine if the applicant falls within the income guidelines set out in law.

CHECK ONE:

Check the first box if this application is for health insurance coverage for the applicant only.

Check the second box if this application is for one or more dependent children but not the applicant. Be sure to write the number of dependent children for which health insurance coverage is planned.

Check the third box if the application is for health insurance coverage for applicant plus spouse OR applicant plus dependent children OR applicant plus spouse plus dependent children.

GROSS YEARLY INCOME:

Please write in the total household income from all sources. This is necessary to determine if the applicant falls within the income guidelines set out in law.

CHECK ONE:

Check the box which describes your resident status.

AN APPLICANT MUST NOT HAVE BEEN COVERED UNDER A HEALTH INSURANCE POLICY FOR AT LEAST SIX CONSECUTIVE MONTHS PRIOR TO THIS APPLICATION AND NOT BE CURRENTLY ENROLLED IN THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS), MEDICARE OR ANY OTHER STATE OR FEDERAL GOVERNMENT HEALTH INSURANCE PROGRAM.

This application must be signed by the applicant and dated. Failure to complete the form in full will result in processing delays and could result in denial because funds are allocated on a first come, first served basis subject to a $5 million credit limit. Failure to complete the form accurately will result in denial.