



## Supporting Documents Checklist

The following documents are required to be submitted with your HCTC Monthly Registration Form. Review the supporting documents checklist carefully. **Caution:** An incomplete form or missing documents will delay the processing of your registration.

**A copy of your health insurance bill dated within the last 60 days that includes *all* of the following:**

- Your name
- Monthly premium amount
- Monthly premium due date
- Dates of coverage
- Name and phone number of your Health Plan Administrator
- Health plan identification numbers
- Address for mailing your payments

*If applicable, your bill may also need to show the following:*

- Dollar amounts for family members who are not eligible for the HCTC
- Separate dollar amounts for benefits that the HCTC does not cover (such as a separate dental or vision plan)

Usually, your health insurance bill will have all this information on it. If it does not, you will need a letter or another document from your health plan that includes this information.

**If you have COBRA, you also must send ONE of these documents:**

- A copy of your completed and signed COBRA Election Letter (it may also be called a COBRA Enrollment Form, Application Form, Enrollment Application for Continuing Coverage, or Election Agreement).
- A letter from your former employer or COBRA administrator stating you have COBRA coverage that includes:
  - Your COBRA start and end dates
  - Your home address
  - The name of the health plan
  - Covered family members, their dates of birth, their relationship to you, and their Social Security Numbers
- A copy of the “Notice of Rights to Continue Coverage” and proof you have paid your bill. You can use a cancelled check or a credit card/bank statement dated within the past 60 days as proof.

**If you have non-group/individual coverage, you also must send:**

- A letter or other document from your former employer or your unemployment office that shows the day you left your job, *and*
- A document from your health plan that shows your first day of coverage. Remember, your first day of coverage in a non-group/individual health plan must have been at least 30 days before your last day of paid work with the company that made you eligible for PBGC or TAA benefits.

If you have any questions, visit [www.irs.gov/hctc](http://www.irs.gov/hctc) or call the HCTC Customer Contact Center toll-free at 1-866-628-HCTC (4282). If you have a hearing impairment, call 1-866-626-4282 (TTY).