

Supporting documents checklist

Submit the following documents with your Registration Form:

We understand that we are requesting a lot of documentation from you. Below is a detailed list of what to look for when gathering your documents.

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

- » Your name
- » Name and phone number of your Health Plan Administrator
- » Monthly premium amount
- » Monthly premium due date
- » Dates of coverage
- » 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 separate dental or vision plans)

Usually, your health insurance bill will have all this information on it. ***If it doesn't***, you will need a letter from your health plan with this information on it. For example, your bill may not show the dollar amount you pay for a family member who is not eligible for the HCTC. You will need to give us a letter or another document from your health plan that lists the dollar amount you pay for that family member.

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
 - » The name of the health plan
 - » Your home address
 - » 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 you left the job that made you eligible for PBGC or TAA benefits.



Caution: If we do not receive all the information listed above with your Registration Form, we cannot properly process your form.

Quick Tip:

Be sure to keep a copy of both the front and back of all documents.