

Healthy NY Annual Re-Certification for Individuals and Sole Proprietors

Please read this form carefully, complete the requested information, and return it to the HMO you are enrolled with. Please provide the most current information.

This is your annual re-certification form for Healthy NY. To keep your health insurance through the Healthy NY program, you must complete this form, showing that you continue to meet the program's guidelines. If you no longer meet the guidelines of the program, ask your HMO about other options for health insurance coverage.

1. Member Information

| | | | |
|--|---------------|--------|--------|
| Name | First | Middle | Last |
| Member I.D. No. | Telephone No. | | |
| Street Address (where you live) | | | |
| City | State | Zip | County |
| Mailing Address (if different than street address) | | | |
| City | State | Zip | County |

2. Medicare Eligibility

Anyone who is eligible for Medicare will lose eligibility for Healthy NY. Medicare is federal health insurance for people of all incomes. It is usually for people ages 65 and older and people who are disabled.

Is anyone to be covered under the policy also eligible for Medicare? Yes No

If yes, please write the name of the person here _____

3. Prescription Drug Benefit Option

Healthy NY is available either with prescription drug coverage **or** without prescription drug coverage. If you choose the prescription drug coverage, the maximum benefit is \$3,000 per person annually, and there is a \$100 deductible. Please choose your benefit plan.

Healthy NY with prescription drug coverage Healthy NY without drug coverage

4. High Deductible Health Plan Option

Healthy NY is available with a high deductible option or without a deductible. The deductible is \$1,200 for individuals and \$2,400 for families (more than one person). Except for preventive care, you must pay for the cost of covered services until you meet the deductible. You can access preventive care before meeting the deductible and will have a co-payment for these services. Co-payments do not apply towards the deductible.

The high deductible health plan is meant to be used with a health savings account. Contributions to the health savings account are tax-deductible, and money in the account can earn interest tax-free. You can contribute up to \$2,850 for individual coverage and \$5,650 for family coverage into the account in 2009. Visit www.HealthyNY.com to learn more about the high deductible option. It is important to fully understand the difference between the two options before making a selection. Choose the deductible option below.

High deductible plan (\$1,200 for individuals and \$2,400 for families per year) Standard plan with no deductible

5. Family Size

The allowable income limit depends upon the number of family members you have. Please include yourself, your spouse (if residing in your household), and dependent children. Do not count any other members of your household. Pregnant women count as two people for determining family size.

Family Size = _____

6. Income Information

Please list your current monthly gross income and the current monthly gross income of your spouse (if your spouse resides in your household). **Do not** count the income of anyone else in your household. Gross income is before taxes.

- ◆ **Income includes:** wages, salary, interest and dividends, self-employment income, social security income, retirement income, alimony, unemployment benefits and workers' compensation.
- ◆ **Please do not include:** public assistance, Supplemental Security Income (SSI), foster care payments or child support received.

Please Note: Sole Proprietors may subtract monthly business expenses from their monthly income.

| | |
|--|----|
| Applicant's Current Monthly Gross Income | \$ |
| Spouse's Current Monthly Gross Income | \$ |
| Total | \$ |

Your household income must meet the following guidelines in order to continue in the Healthy NY program.

Healthy NY Household Income Guidelines*

| Family Size | Monthly Gross Income at or Below |
|-----------------------------|----------------------------------|
| 1 | \$2,257 |
| 2 | \$3,036 |
| 3 | \$3,815 |
| 4 | \$4,594 |
| 5 | \$5,373 |
| Each additional person add: | \$780 |

*Effective 01/09

7. Certification – Please read carefully!

By signing this certification of eligibility, I certify under penalty of perjury that:

- ◆ I am a resident of New York State, and
- ◆ that all individuals to be covered under my policy are ineligible for Medicare, and
- ◆ all statements contained in this certification are true to the best of my knowledge.

Date _____

Signature _____

Fraud Warning

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.